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*C. S. May*

A

# CENTURY OF NURSING,

WITH HINTS TOWARD THE ORGANIZATION OF  
A TRAINING SCHOOL.

BY

A MEMBER OF THE HOSPITAL COMMITTEE.

NEW YORK:  
G. P. PUTNAM'S SONS,  
182 FIFTH AVENUE.  
1876.

*Calvin T. May M. D.  
Compliments of Mrs J. Bacon*











No. II.

State Charities Aid Association.

A

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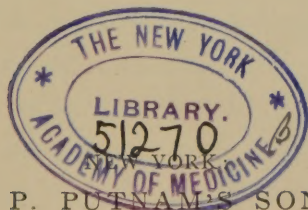
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1876

CENTURY OF NURSING



WITH HEATS TOWARD THE ORGANIZATION OF  
A TRAINING SCHOOL

A MEMBER OF THE HOSPITAL COMMITTEE



G. P. FORTNALL & SONS.  
NEW YORK  
1876

# HOSPITALS

AND

## TRAINING SCHOOLS.

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*Read before the Standing Committee on Hospitals, State Charities Aid Association,  
May 24th, 1876.*

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THE question assigned to me to-day is, in its essence, What shall we do to secure good hospital nursing? In answering this question, it will be wise for us to inquire what systems of nursing have hitherto existed and what the experience of hospital administrators and reformers in other countries in this respect has been. With due allowance for difference of circumstance and race, there may be certain radical principles which have been tested and which stand ready for our use; and, on the other hand, mistakes have no doubt been made which we ought not to allow ourselves to repeat.

In European countries, where systems and habits are stiff with age, where long impunity has encouraged certain abuses, where the complications created by the relations between Church and State require constant adjustment, reform in any direction



must always have been a slow process. In America we have a better chance. It should be "a fair field and no favor," since to secure good management for our Charities the only real obstacle we have to struggle against is our own public indifference to the encroachments of demagogism and self-interest.

### *FRANCE.*

In France, before the French Revolution, hospitals were independent of each other and of any bureau of public control. They were served by religious orders and were governed by priests. The very buildings were old monasteries or had gradually grouped themselves about some church.

Various laws of the French Parliament were passed from time to time and many struggles were made to loosen the ecclesiastical hold.

A decree of 2d May, 1505, ordained the separation of spiritual and temporal authority in Hôtel Dieu, the one great charity of the time in Paris, and appointed Guillaume le Caron, Maistre Ihérosme de Marle, Gehan le Gendre and others, eight lay commissioners, worthy bourgeois, to take charge of the funds.

The first practical attempt at organization and secular control was a decree of 12th December, 1698, by which all hospitals were turned over to the muni-

cialties, the bishops however remaining the chief presiding officers. At last came the Revolution to break up the old order of things; the ecclesiastical property was confiscated to the public treasury and the administration of charity was definitely placed in the hands of a lay council.\*

Charitable establishments, no matter whence the funds come, are now under State supervision. The State takes its share of voluntary charity by means of local subsidies, or by special grants of public money. Public relief in France rests upon the supposed moral obligation of the State; the annual reports in Paris are *Comptes Moraux*; no poor-rate, or tax levied directly for the support of the poor, is in existence. The support of poor relatives is strictly enforced by the civil code; the obligation presses in the direct ascending line from the child to its great-grandmother; and a son-in-law or daughter-in-law must support a mother-in-law or father-in-law where no closer relation intervenes; such obligations are all reciprocal. An almshouse or hospital relieving a pauper belonging to another commune may sue the relatives to recover expenses.

The towns of France have their own communal or departmental institutions; and there are over thirteen thousand *bureaux de bienfaisance*, with Sisters of

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\* L. Lamothe, *Législation Charitable*. Paris, 1850.

Charity attached who visit the sick poor at home and report the cases. A gratuitous medical service which has been organized for about half of France supplies, in the country districts, the want of hospitals and bureaus. Classification can be thoroughly carried out in the large institutions of Paris. The *dépôts de mendicité* in the departments are mixed establishments, more like our own poorhouses ; they shelter temporarily both the sick and the able-bodied, but they are rather houses of correction than houses for the relief of pauperism.\*

The care of aged, infirm poor in France is left as far as possible for private charity. The four great public almshouses of Paris—*Bicêtre*, *Salpêtrière*, and the asylums for incurable males and incurable females—shelter seven thousand persons ; and the public insane asylums, four thousand five hundred insane. These were the numbers 1st January, 1872, the date of the last report at hand. Of the insane, one thousand two hundred were chronic cases. These are placed in out-of-town buildings, founded in 1868 ; the employment of the patients in out-door agricultural work being found a wonderful aid in medical treatment. Some of the asylums in the suburbs of

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\* Reports communicated to the Local Government Board, by Her Majesty's Secretary of State for Foreign Affairs, London, 1875.



Paris were in the range of the Prussian guns, and, as one of the sad necessities of war, were very much injured during the siege.

At the present time, all Paris hospitals and other charitable establishments, as well as out-door relief, are under the care of a central office, *l'Assistance Publique*, at the head of which is the Director-General, who is appointed by the Minister of the Interior on the recommendation of the Prefect of the Seine. The Director is responsible to a board of control appointed by the President of the Republic; his authority over every employee in the public institutions of charity is absolute, and is delegated to the local director or superintendent who represents him in any particular establishment, and who is required to furnish him a daily report of all that takes place.

The out-door medical service is thoroughly organized and effective, and relieves the hospitals of much of the pressure that is felt by our New York institutions from the want of some such system. Over one hundred midwives are attached to the *bureaux de bienfaisance*, of which there are fifty-seven in the city. These women attend the poor in their homes, and statistics show that the plan is not only safer for the patient, but more economical for the public treasury.\*

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\* *Annuaire de Paris*, 1872. P. 199.

The hospitals are maintained by license or tax on graveyards, on theaters and other places of amusement, and by the proceeds of the *Octroi* and the *Mont de Piété*.

In keeping with the idea of a paternal government, all sick persons of whatever grade are considered as the charge of the State, the question of admission to this or that hospital being simply one of medical urgency. The administration provides hospital inmates with medical treatment, diet, linen, and hospital clothing ; cares even for the children of patients received, in some instances, by placing them in one of the many asylums for *enfants assistés* doing all this gratuitously for the very poor, but requiring from patients, or from almshouse inmates who can afford it, some small regular payment.

Patients must all purchase their own utensils, wash-basins, etc., and a licensed tradesman attached to every hospital, corresponding with our army sutler, sells such articles as tobacco and a few other things, according to a strictly regulated government tariff.

A century ago, in 1780, when Tenon wrote his great history of Hôtel Dieu, the supply of suitable nurses for the civil hospitals of Paris had become one of the recognized difficulties of the service. He says : " It is hard to find good nurses, either men

or women ; it is an important question and one that demands great attention." The military hospitals of that period had better success in this matter. Royal regulations granted the *infirmiers* awards proportional to their merit, and a badge or cross, which it was the custom to present to the deserving men-nurses at Lyons, became an object of emulation. Those who had won the decoration were entitled to a position or to support for life. To be deprived of their cross, to be "uncrossed," was one of the greatest punishments.

Some such system of rewards, as well as the promotion within the ranks, the precision of printed forms and orders, the careful defining of duties, the strict accountability, the dread of dishonor, the *esprit de corps* usual under military rule, might all be successfully borrowed as parts of a lay system of hospital control, as first steps in the civil service reform for our public institutions, which we hope to secure.

It is a noticeable fact that from the battle-fields of the world have sprung our richest harvests of what we are apt to call the fruits of peace. It is Gods' way of "causing the wrath of men to praise Him." Military experience has dictated the best building plans for our hospitals, and produced some of their best nurses. Kaiserwerth received encouragement and



its principal moneyed support from those who had seen the need of skilled nurses, and the self-devotion of the German women during the wars of 1812 to 1815. The results of the Crimean war have faded from the map and from the politics of Europe, but, surviving in one form, and shaped by Miss Nightingale they will exist, probably to the end of time, in St. Thomas' and other training schools of England. The Austrian and the French wars created the need for, and gave an impetus to a vast variety of benevolent projects. The United States Sanitary Commission was the largest army charity the world had ever seen ; and our own State Charities Aid Association is its direct descendant.

When Tenon wrote, the nursing in Paris was, as it is still, in the hands of Roman Catholic Orders, some of which were instituted for the purpose. If we want to study the results of such a plan and to decide on its suitableness for public hospitals elsewhere we must turn to France, for there the system has existed in full vigor from the date of the earliest charitable foundation.

And yet French writers, Davenne among them, although friendly to sisterhoods, tell us the system had great drawbacks. Being subject to their own religious superiors—an authority outside the hospital—and being bound by their

own rules, the sisters never co-operate with the secular administration as heartily as secular subordinates.

The Count de la Rochefoucauld-Liancourt, whom M. Armand Husson, the late Director-General, assures us cannot be suspected of exaggeration on such a point, writing in 1790, says: "The almost unlimited authority granted to some of the sisterhoods brings with it numberless evils. The nuns have the superintendence of all the internal service of the hospitals; they oversee the nursing, the application of remedies, and the distribution of the diet. All the domestics of the house are at their orders. They are the absolute mistresses of the discipline of the wards, subject of course to the administration and the directions of the doctors. They deserve respect, to be sure, for their zeal, their piety, and their unwearied care of the sick; but however well such praise may be deserved, we cannot refrain from adding some adverse criticism. We are forced to believe that it is to the domination exercised by the nuns of Hôtel Dieu, and their resistance to every authority, that we must attribute perpetuation of numerous abuses, and of some very great annoyances, the unfortunate results of which we cannot hesitate to condemn. The patients are discontented with nuns and nurses alike. They accuse the former

of hard-heartedness and tyranny, and the latter of negligence and ill-will." \*

Those were the old days when each ward of the Hôtel Dieu had its own cooking outfit, and the nun in charge of it, the *mère d'office*, made not only warm drinks and poultices, but also *bouillon raccommodé*—literally scrap-soup—cooked the babies' pap, and in fact prepared all the special diet at the cost of the sisterhood. Lunches, consisting of broth, milk porridge, plums, cherries or other fruit according to season, baked apples and biscuit were served at one o'clock, and a second lunch of boiled eggs, biscuit and sweetmeats, at ten at night!

The multiplication of little kitchens and laundries, the increase of labor, the taking away of the nuns from their legitimate occupation, the heat and the constant messing were a nuisance and made the wards unhealthy. Two of the wards, St. Antoine and Rosaire, had a reputation for better cooking than the others, and the nuns in charge were more indulgent, for these two were a favorite resort of convalescents from other wards, the physicians certifying that often such patients would be treated to six or seven porringers of soup, and have a relapse or die before the day was over.

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\*Rochefoucauld, Rapport du Comité de Mendicité. Paris, 1790. P. 3.



Mutton was the favorite viand of the period. In the course of a year, one very old document tells us, four thousand sheep were eaten—each sheep furnishing fifty rations—and only nine beeves. The hospital averaged one thousand inmates at the time. The old French is as quaint in its way as Chaucer's English : “ *Ung chacun paouvre mallade gisant en la Maison aura pour sa pitance ung morceau de mouton, dont il y aura cinquante telz en ung mouton de moyenne sorte. Et si les mallades demandent du beuf, alors en sera baille a ceux qui l'auront demandé a l'equivalensce des morceaux de mouton, s'il y en a.*”

A long report of the Medical Board of Hôtel Dieu, made in 1756, gives some entertaining details on the subject of diet at that day, and of the reforms that were necessary. The doctors are especially irate about pie, and the danger from injudicious or over feeding, the neglect of the three fast days prescribed each week, and the surreptitious fricassees that *Mesdames les Religieuses* provide on Holy Fridays, and they give a remarkable recipe of their own for good broth. When a patient was able to eat full diet three days in succession, they considered him fit for discharge.

The early days of the Hôtel Dieu were the days, too, when the lower story of the hospital was a

tallow factory where the mutton fat, produced by the four thousand carcasses of sheep, was rendered into holy candles ; when the ward windows, relics of convent life, were, some of them, nine feet above the floor and seldom opened ; when measles, itch, typhus fever and small-pox lay side by side with non-contagious cases, two and four patients always in one bed, and that as late as 1788, and sometimes six and eight patients in one bed at a time. The bedsteads, four rows of them down the ward, were of wood, painted black, and smothered with heavy serge curtains and canopies. Each patient had his own pewter porringer and stoneware cup ; six pewter foot-warmers were allowed to a ward, or one to every fifty patients, and the same number of close stools ; a common chair apiece ; a cupboard for provisions, four cupboards for linen and bandages, and a hand-car for carrying the diet from bed to bed, completed the ward furniture. The hospital had the only two bath-tubs in Paris, which were kept in the lunatic ward ; one basin and pitcher served for all the hand washing. It is doubtful whether the number of roller towels exceeded the allowance of these articles on Blackwell's Island to-day ; but there was great apparent liberality in the matter of body linen and bedding ; three shirts, three nightcaps and three pairs of sheets were allowed to

a bed, and thirty pounds of feathers for a mattress and bolster.

There were no special laundry women. The ward wash, like the cooking, was part of the daily duty of *Mesdames les Religieuses* and their helpers. Owing to the trouble and fatigue of the washing, although the supply of linen was abundant, it was seldom changed. The same report of the doctors we have quoted (1756) recommends, we are glad to acknowledge, the introduction of hair mattresses, *washable* stout linen bed-curtains, and a *detached laundry*. All this and more may be found in Tenon's stately quarto, with its sumptuous red morocco binding, and the King's Arms in gold on the cover, in the New York Hospital Library.

The French Government was mindful of recommendations made from time to time. After a while, it gave contracts to outside persons to do wholesale all the hospital washing for Paris. But the wear and tear of the linen, delays in returning articles and especially the fact that the contractors were found to be in the habit of hiring out hospital shirts and sheets, by the week or month, between times, broke up the plan in 1845. Now, some of the hospitals, Hôtel Dieu, Beaujon and Charité, send their wash to the almshouse women. Some have their own laundries, others club their work ; Lariboisière does

its own washing and that of Maison de Santé, and Cochin takes in the soiled clothes of Lourcine—an obliging but very undesirable arrangement.

Beef-tea, like clean clothes, was to be had wholesale. In 1835, the Paris administration contracted with a Dutch Company to furnish all the soup required in all the hospitals, a bargain that lasted until 1851, but was then rescinded as expensive and unsatisfactory.

The ward habit "*raccommorder le bouillon*," which the administration had great trouble in breaking up, continued as late as 1850, in the hospitals of one of the large cities of France.

As for bedsteads, a few iron ones, a new invention, were tried in Charité Hospital, in 1799, but it was thirty years later before they became common. A charitable lady, who was much concerned at the inconvenience the patients suffered from the weight of the woollen blankets in use in 1844, gave a thousand francs for the purchase of eider-down quilts. They were so highly approved by the surgeons of Hôtel Dieu, that the administration decided to supply them as fast as they could afford it for all the institutions, and there were lately over three thousand *duvets* in use in Paris hospitals, somewhat criticized, it is true, by sanitarians.

The administration was at one time anxious to



add pocket handkerchiefs to the asylum trousseau, but the requisition was not approved. In 1846, M. Foucher, a member of the asylum board, gave one thousand two hundred francs to buy a stock of handkerchiefs for the asylum for incurable males. Since then they have been regularly issued. Old people in the two great almshouses must look to their friends for these useful articles, though the administration keeps a small supply of them on hand for the very destitute.

The little details of ward life in the earlier days show that the refinements of modern nursing were not then known. They incline us to judge more indulgently of *Mesdames les Religieuses* and their occasional ignorant but kindly efforts to mitigate the hard fare of their patients with a surreptitious fry. But all French writers agree that the nursing service proper in Paris hospitals was always their weak point. It fell by degrees into the hands of paid assistants, the nuns being supposed to act only as overseers.

An account given by Comte de Pastoret, in 1815, thirty years after Tenon's report, complains of the great increase in the number of attendants. Counting physicians, chaplains, nurses, servants, and officers of all grades, the proportion was at that time more than one to every three patients : omit-

ting medical men, one employee to every six and three-quarter patients, and one to twelve patients, if only the actual ward service is considered.

The trouble was, no doubt, more in the quality than in the number. The writer has never seen a hospital where ward attendants were employed in sufficient numbers. The figures that Count Pastoret finds excessive should be doubled, allowing at least one nurse to every six patients, for continuous service day and night. It is a mistake, however, to try to make up for quality by numbers. The sick of Paris were never worse cared for than at the time when doctors and employees were in the ratio of one to every three patients.

Things had reached such a pass in 1819, that the Bureau of Administration of Public Charity conceived the idea of dismissing all hired nurses, and substituting soldiers' orphans of both sexes, large numbers of whom, after the wars of Napoleon, had become a public charge. A career was to be thus provided for these helpless children of the State, of whose good conduct the nuns were to have constant oversight; the sick would be better cared for; while by this touching and beautiful plan, as it was thought, the work of charity would be carried on by those who owed to charity the preservation of their own lives. The act was passed, but practical diffi-

culties in carrying it out led to its immediate abandonment.

Commissions appointed in 1833, and thence onward to 1845, constantly reported the insufficiency and bad organization of Paris hospital service. Nurses, generally speaking, deserve little confidence, these reports say ; they are people who enter the service because they have no other means of livelihood, and expect by fees and exactions to indemnify themselves for their low wages. There should be more skilled attendants employed ; they should be better paid, more decently lodged and fed, and some means devised to rouse emulation, and to maintain a moral hold upon them ; points for consideration everywhere, for good nursing means increased outlay, increased comfort, for nurses as well as patients.

A large part of the trouble in Paris seemed due to the low wages paid. Women nurses received two dollars and two dollars and fifty cents a month, and the men from two dollars and fifty cents to three dollars, in gold.\*

Only unskilled and low grades of people could be obtained. The policy was bad enough in the general hospitals ; the results must have been deplorable in the asylums for the insane and paralytic.

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\* Etude sur les Hopitaux. A. Husson, Paris, 1862.

The complaints of twenty years can be summed up under two heads :

Insufficient pay of nurses and helpers.

Insufficient number of skilled nurses and helpers.

From 1845 onward, Husson says, some improvement in the service began to manifest itself. The act of 7th March, of that year, fixed general rules as to age, moral character, and terms of employment of nurses and attendants, things which had been left pretty much to the discretion of individual directors. A bonus on the wages, according to the length of time of service, was granted, and, in 1849 a central bureau was established where all engagements were registered. This put an end to the abuse, so common with us to-day, of one superintendent dismissing an employee for bad conduct, and good-naturedly calling it a "resignation," while another superintendent at once engages the same person for service in another hospital; unworthy persons thus shifting from one institution to another, and passing their lives in the public employ. No general increase of wages was accorded, and the better class still sought other kinds of employment. The difficulty was not solved, and hospital service was constantly threatened with immediate and rapid disorganization. The bonus promised was only twelve dollars, gold, in all, for



fifteen years' service, paid in installments of four dollars at the close of each term of five years of service. A yearly appropriation of eight hundred dollars was cut up among two thousand five hundred persons.

Many of the reports presented from time to time made great objection to the too free use of convalescents who worked until they had a relapse, and took turns thus all the time between ward service and sickness, instead of giving place to steady, able-bodied helpers.

The reorganization of the public service in the institutions of charity in Paris, on the present plan, was accomplished in 1861, by the late distinguished Director-General, M. Armand Husson, on the principle that it is necessary to appeal to the self-respect as well as to the pecuniary interests of employees. Regular promotion toward some valued position would be a better stimulus for an intelligent person, it was thought, than money alone. A close corporation with promotion from the ranks was decided on as the best form of organization, the strongest bond for individual association. All employees were strictly classed. Sub-officers, charged with the oversight of one particular department, formed one division with two grades. Attendants formed another division, also with two grades. In the lowest of

these four classes are ranked all the attendants required for ward service, the nurses, male and female, orderlies, watchmen, bath-women, assistant cooks, scrubbers, and servants of both sexes. The next grade higher, which includes the head cooks, must be recruited from the one below it; and attendants can be recommended by a superintendent to the Director-General for promotion to the upper division as sub-officers.

The pay of nurses was fixed at thirty-six dollars a year, in gold, with an annual increase of from three to four dollars, after the first four years of service, until the maximum of fifty-one dollars yearly was reached, at which point the pay for a hospital nurse in Paris now remains. A yearly appropriation for special awards for extra service, or for special devotion to duty, was also provided, the gratuity being seldom less than ten dollars gold, in each case, and sometimes reaching thirty dollars. In the last report we have the sum of two thousand three hundred and fifty dollars, gold, mentioned as thus divided for the year, among two hundred and forty-eight of the most meritorious employees.

One other provision for keeping up the tone of the service exists: a retired list, or pension for the faithful, aged, or invalid employees who have served at least fifteen years, or have suffered some accident

in service. The minimum money annuity is two dollars. For those who have served thirty years and are the most worthy, it amounts to fifteen dollars, and all such retired attendants are lodged, fed, and clothed.

The new system was right in principle : the central registration, the actually getting rid of the most unworthy, the sure promotion for others, the increased pay, and the promise of care in old age for those found faithful. But we may well doubt whether a system which couples nurses with scullions, and which pays them less than five dollars currency a month, will command the best people. Domestic service in France is much more attractive ; and Miss Stephen, writing about Paris in 1871, says, that the difficulty of finding trustworthy, respectable persons to recruit the hospital service is very great, and no attempt is or can be made to give nurses any kind of special training.\*

The complaints do not of course include the sisters and novices. These are always a distinct grade in hospital *personnel* ; they rank as sub-officers of the first class, and only oversee the nursing, which is in the direct charge of the hired attendants.

As a general rule, the women of the religious

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\* The Service of the Poor. Miss Caroline Emelia Stephen. Macmillan & Co., 1871.

orders are themselves of about the stamp of domestic servants—with individual exceptions; the reading and writing of sisters employed in the Paris hospitals, and even in some of the schools, is very imperfect. The position occupied by the sisterhood is defined by custom, and by treaty made between the administration and the superior of each order. The treaties are copied in quintuple, and very minutely and carefully drawn. One copy is for the Superior-General of the order; one for the sister superior of the particular hospital; the third for the Administrative Bureau of Paris; the fourth for the Prefect; the fifth for the Minister of the Interior of France. More than six hundred sisters are employed by the Bureau of Public Assistance, about four hundred of whom are in the institutions.

All sisters are under a vow of poverty, and must serve the sick gratuitously. They are entitled only to their outfit or uniform, the value of which is fixed at forty dollars in gold. In each hospital there is a sister superior responsible for the maintenance of discipline, for the proper execution of the orders of the medical staff and for the distribution of the diet, linen, and clothing. She and her sisters take charge of the kitchen and laundry and superintend the paid nurses, male and female, and all the domestic servants. The ward sisters occupy in each ward the



place of an English sister, or an American head nurse, the paid nurses corresponding to the assistant nurses in our hospitals.

The linen room, which is an important office in French hospitals, is of course under the sisters' care. Its excellent arrangements, and the constant changes of linen, would be the envy and the despair of our local visiting committees and nurses. Sheets are changed five times a week, and draw-sheets five times during the twenty-four hours ; and by way of securing personal cleanliness in the attendants, body linen for nurses as well as outer dress is provided by some hospitals.

Of the various sisterhoods employed, the Daughters of St. Vincent de Paul nurse only one hospital, Hospital Necker. The work of this order is chiefly in schools and orphan asylums, and they have little skill in nursing. The Sisters of St. Augustin serve four large hospitals, Hôtel Dieu, St. Louis, La Charité and Lariboisière ; the two former of which were put under their care centuries ago. The order is a cloistered one ; they cannot leave the respective hospitals they serve ; in case of necessity, they must drive from one place to another, not fewer than four of the sisters together in a closed carriage.

The Sisters of St. Martha are one of the oldest orders, and one in which there is comparative free-

dom. They have charge of the four remaining large hospitals of Paris, Beaujon, La Pitié, Cochin, and St. Antoine, the latter hospital being their mother house, a fact which accounts for their reputation as the best hospital nurses in Paris. The novitiate is passed in a hospital and some degree of training is thus provided. The sisters in all the hospitals always live in a community. They sleep and take their meals in a separate building or distinct part of the building. They retire to these rooms for devotions at certain times, often for two hours a day, and during all absences the sole care of the patients falls on the paid nurses, whom the Director-General to this day admits to be a class very inferior to the nurses in the English hospitals.

Great responsibility rests upon the paid nurses ; the night watching is intrusted to them, a sister going the rounds occasionally ; the nurses sleep in dormitories, and take their meals in refectories in common, and for a good share of the time are therefore under no superintendence ; all kinds of abuses may and no doubt do go on meanwhile. Moreover the excessive scrupulousness of the sisters, Miss Stephen says, their false modesty, and the unnecessary restrictions of some orders frequently deprive patients of their care ; such cases are left to the paid nurses, sometimes to the annoyance of the sis-

ters themselves, but constantly to the inconvenience of medical men and directors, who seriously complain.

The ready sympathy we are accustomed to consider a good quality in a nurse is not characteristic of French sisters of charity. Dr. Putnam Jacobis says that scenes of suffering and the relief administered are alike gone through with by the sisters as a penance which their creed compels them to pay ; as so much accomplished "*pour gagner le ciel.*" The stern rules of their order forbid them to let their human affections flow out toward the helpless people in their charge.

Miss Nightingale says : "Great have been the scimmages from time to time between the administration and the religious orders, and great have been the benefits accruing to the sick from such scimmages. The administration complains of the sisters, and the doctors wish the sisters were completely under them. The sisters complain of the administration, and wish that the sisterhood had it completely under itself. But the balance is kept up ; all are the best possible friends, and the collision and competition do the greatest possible good."

To us it seems as if the perpetual friction must not only be irritating to the participants, but that it must inevitably work downward into discomfort and

suffering for the sick. With such want of harmony there is danger too, that on one side or the other there will be concealment for the sake of peace; a surface civility, but a glossing over of trouble, and hushing up of abuses for the mere purpose of "getting along."

A table given by Miss Stephen shows the number of sisters now employed in each of the eight general hospitals, and the number of assistant paid nurses, male and female. Other tables, from M. Husson's volume, give the proportion of employees to patients, and the present rates of wages.

TABLE 1.

Hospital.	No. Wards.	No. Beds.	Sisters.	Women Attendants.		Men Attendants.	
				Nurses.	Servants.	Orderlies.	Servants.
Hôtel Dieu.....	26	834	24	40	14	48	21
Pitié.....	24	633	23	29	9	36	13
Charité.....	17	425	18	22	9	24	14
St. Antoine.....	22	600	21	32	5	30	15
Necker.....	15	445	20	12	5	19	12
Cochin.....	9	193	17	16	3	4	8
Beaujon.....	26	416	19	19	3	20	9
Lariboisière....	18	634	26	30	12	27	22

TABLE 2.

Hospital.	Proportion of Employees to Patients.
Hôtel Dieu.....	1 to 8.49
Pitié.....	1 to 8.45
Charité.....	1 to 9.
St. Antoine.....	1 to 8.42
Necker.....	1 to 8.87
Cochin.....	1 to 6.61
Lariboisière.....	1 to 9.62
Lourcine.....	1 to 13.80
D'Accouchement.....	1 to 12.86
Maison de Santé.....	1 to 6.66



TABLE 3.

*Organization of 1861 ; Present Basis.*

	Former Pay	Minimum Pay.	Annual Increase.	No. of years necessary to reach maximum.	Maximum Pay.
	Francs.	Francs.	Francs.		Francs.
Sub-Officers, 1st Grade. .	360	380	24	5	500
“ “ 2d “	250	320	12	5	380
Attendants, 1st “	180	252	12	4	300
“ “ 2d “ *	150	180	18	4	252

\* All ward nurses and servants are in this grade.

Besides the great Roman Catholic orders in Paris engaged in nursing, there is the establishment, at *Rue de Reuilly*, of the deaconesses of the evangelical churches of France, dating from 1841, with its fifty or more graduates, and its eighteen or twenty probationers. They did good service during the Franco-German war, housing and nursing nearly two hundred sick and wounded soldiers altogether in their little hospital. The term of training is two years. The vows taken are understood to be for life, but any sister may withdraw on six months' notice. They receive no pay from the institution, and fees and presents received, as well as half the wages earned in outside service, must be turned into the general treasury. The spirit of the work is a religious one ; the women make bright, good nurses, and are usually all taken up in advance for private

sick-nursing. It is harder to find a good nurse for this purpose in Paris than in London.

### *GERMANY.*

The French evangelical sisterhood, like similar ones at Strasbourg, St. Loup, Mülhausen and Utrecht, and the one in Sweden, must be classed with the large Lutheran orders of Germany which owe their existence to the pious zeal of Theodore Fliedner. Kaiserwerth Hospital, so familiarly known to us now, with its one hundred and fifty beds, was opened by him in 1836, with only one probationer and one patient, but with much faith and many prayers. From that little beginning we have out-stations now in all parts of the world; over forty hospitals and more than five hundred deaconesses. Even at Jerusalem and Alexandria the sick may be comforted with homelike gruels and broths, the dying may receive pious care. In the various kindred orders of Germany there are forty-two mother houses, and two thousand deaconesses in all. Bethanien and Elizabeth Hospitals, Berlin, are perhaps the two best examples of their public nursing service.

Kaiserwerth women, using Kaiserwerth as a type, make good mechanical nurses. The deaconess vows are taken for five years, unless special reasons recognized as sufficient by the directors intervene. Before

admission as probationers, however, women are expected to declare that they intend to adopt the office of deaconess for life. Those trained as nurses are more apt, for some reason, to regard these vows and retain their connection with the order than the women who are trained as teachers, and the settled resolution, no doubt, is one of the elements that contribute to make them good nurses. It gives them a steady, straightforward tone, in contrast with the restless ambition of our American women. Here, if a woman is a first-rate nurse, she is very apt as the next step to want to be a second-rate doctor. It would be well if more of our women had the spirit of the boy who announced to the writer last winter, that he could cut a double X in skating. "What are you going to do now?" he was asked. "Do it better," was the sturdy answer.

The training of the nurses at Kaiserwerth, thorough as the discipline is on some points, hardly comes up to the highest standard. The name of training-school, in fact, would be a misnomer, but that the idea seems to be, as sometimes is the case with us, to turn the probationers into a sick ward, and let the patients train them. There is but one physician for the whole group of hospitals, as well as for the lunatic asylum at Kaiserwerth, who makes but one visit a day, and pupils must generally practice

their own bandaging or dressing of wounds, without aid or direction. The object of existence is to keep clean, and the wards and everything connected with the sick are immaculate in their purity, and in perfect order.

Miss Florence Lees certifies, as her experience, that the women are not taught to keep the persons of their patients clean, and that she never knew a deaconess who washed or saw washed the feet of her patients, even when, as was the case during the Prussian war, men came into the wards under their superintendence who had never had clean socks on for months, nor their feet washed during that time. But this was owing no doubt to the exigencies of war, which must have sadly broken up the routine life of the good deaconesses. With French sisters this is less likely to have happened ; they adapt themselves more readily, and the soldiers who came under their care, Miss Lees says, were more often properly cleansed and tended, except in cases where feelings of false delicacy prevented, or no man nurse was at hand.

The training-school in Augusta Hospital, Berlin, bears the name and is under the patronage of the Empress, who visits it constantly and in many ways shows her interest in the probationers. The sisterhood is not a church organization ; the institution is

secular in its government, being under the care of the Ladies' Hospital Association, one of the war charities of Berlin. Dr. Esse, who is so well known in connection with his efforts to promote reform in hospital construction, is its presiding officer. \*

All the sisters here are of the nobility, and are accomplished women, but it is a question whether more cleverness in their special calling, and less rank, might not be a better requisite for admission to the care of a ward. The mode of training is essentially different from that of Kaiserwerth. There is a house staff of four young doctors, and a full visiting staff; and, while probationers are well taught in theory, unlike Kaiserwerth, they must here stand by and simply see how the regular surgeons, or their students, dispose their bandages. Dr. Küster is the surgical instructor, and Dr. Senator, a university professor, lectures upon simple medical subjects. The writer is indebted to an American lady who has been at Kaiserwerth, and is now in the Berlin school, for some of the particulars given of these two institutions.

Like all religious organizations the German orders include some women of education and of superior social grade, but the preponderating number of

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\* Das Augusta-Hospital und das mit demselben verbundene Asyl für Krankenpflegerinnen zu Berlin, beschrieben von Dr. C. H. Esse, Berlin, 1873.



deaconesses at Kaiserwerth, so Dean Howson says, are of the grade from which domestic servants come. It would restrict the numbers and the usefulness of the order to establish any regulations in regard to grade. No woman who has not the right feeling for her work should ever be admitted to any such order, and comradeship with Christian women in Christian duty banishes class distinctions. In St. John's Order, at Clewer, all the sisters are ladies; but whatever the success may be in England and on the continent in enlisting women of superior social grade in sisterhoods, the fact remains for us and for America that, with all our talk about unoccupied women and aimless lives, so few suitable persons offer, that within six months St. Luke's Hospital has advertised in the New York daily papers for Christian ladies willing to become hospital sisters.

The rules of the Lutheran and kindred orders are very strict, and the institutions are in close association with the ecclesiastical authorities. But the secrecy which is avowed among Catholics creeps into Protestant sisterhoods, and the house rules at Kaiserwerth, Miss Stephen says, are no longer shown. We have the terms of admission, and the form of consecration of deaconesses; also the rules of the Bavarian Society and rules for the personal conduct of deaconesses at out-stations. These all

give very minute directions about walk and conversation, dress, company, and the thoughts and intents of the heart; for the essence of ecclesiastical authority is, that it assumes to judge questions as between a woman and her own conscience, and, Lutheran or Ritualistic, whatever the orders may be, they are all imitations or reflections of the Roman Catholic idea.

Sisters of charity, who conduct the nursing in many of the hospitals of Germany, are called Sisters of St. Elizabeth, after Elizabeth of Hungary.

Following the division suggested by Miss Nightingale, we have spoken of two great systems of nursing, both of which are conducted by religious orders: 1. The system of which the Paris hospitals and a few in England, King's College and University College Hospitals, and two or three in America, are examples—where the head nurses are sisters, and are under their own religious head, the hospitals being managed by separate, secular bodies. 2. The system under which the nurses belong to a religious order, which itself governs the hospital. Instances of this second plan we have in the Roman Catholic and other strictly church hospitals of all countries; the deaconess hospitals, and perhaps some of the Anglican sisterhood hospitals in England and this country.

But while the mode of government of the hospital and the consequent relations of the nursing staff to the authorities may be the same in church hospitals, whether Catholic or Protestant, we must recognize the fact that there are really under our second head two systems of nursing. In Catholic institutions the novitiate of a sister is not often passed in a hospital; it is a religious novitiate, and, as a rule, there is no system of regular training for hospital work. On the other hand, the deaconess institutions, and some of those served by Episcopal sisterhoods, provide direct hospital training, and have a regular plan of probation and promotion for pupils and nurses, and are therefore preferable in any choice of systems of nursing.

All the nursing plans so far mentioned guarantee a good moral tone in hospital wards and the general well-being of nurses and patients; of nurses certainly. But the aim of sisterhoods, Roman Catholic sisterhoods especially, is apt to be a divided one, their own spiritual progress, and the spiritual good of their patients, being supreme; and Miss Nightingale says, "Hospital nursing is a jealous lover; it claims the whole heart."

"Moral influence" in a ward will not suffice; but moral influence is indispensable. The presence of refined and devout women will raise the atmosphere of a ward at once.

Dean Howson says : "I am strongly convinced of the value of a system under which Christian women give their lives to their work, and reside day and night among those whom they wish to save, as opposed to our English method of committees and matrons."

Work that is done to the Lord, and not to men, ought to be the best work ; but the spirit in which work is done must not be confounded with technical proficiency. If the sisters, over and above, are trained nurses, or if they know what good nursing means, and take pains to train their assistants, well and good. Otherwise the actual nursing, as we have seen in Paris, and as is the case in many sisterhood hospitals, falls upon the hired men and women. They are the class, and it is their nursing which must bear the stress of our inquiries and of our criticism.

Almost every system of nursing may be found in the different hospitals of Germany ; but one system, the third of our series, open to even more weighty objections than any yet pointed out, has from of old prevailed in the large city hospitals of Austria and Germany, where the nurses are hired men and women, and are under the secular and medical male authorities of the hospital. The Imperial Hospital at Vienna, Charité and City Hospitals, Berlin, are

instances in point, as indeed are our own Blackwell's Island Hospitals, and most American city institutions which are under commissioners and male governors.

It is claimed that the plan of putting the ward nurse directly under the ward doctor insures good nursing, *i. e.*, nurses that please the doctor. But if patients are better nursed than they would be where the nursing is under the oversight of a woman superintendent or sister superior, which the writer will not admit, the nurses themselves run the risk of destruction, body and soul. There is not a single element of moral supervision in the plan. To the abominable effects of this system, as Miss Nightingale calls them, she has given her testimony in a private letter to Dr. W. Gill Wylie, quoted in the first document we issued as an association.

Hospital reform in Germany has recently received a fresh impulse, and we have every reason to believe that the system which Miss Nightingale deprecates, of placing women nurses under male heads only, will soon be a thing of the past.

The Franco-German war, which drew the *landwehr*, the flower of German homes, into the field, roused the spirit of the women. The pleasantest pages of its history are those that record this uprising of the people. It is like living over again some of the scenes of our own war, to read of it. Soldiers' Aid Societies



dotted the country ; relief stations at railway depots and the nursing service at many of the great hospitals were under the charge of ladies, the highest in rank leading the way—Countess von Roon supervising the laundry and diet kitchen and Countess von Moltke rolling up her sleeves and washing the dishes. Already before the late war various associations, resulting from the Austrian campaign, the Albert Verein of Saxony and the Alice Verein at Darmstadt, and another at Carlsruhe, under the Grand Duchess of Baden had busied themselves with training nurses. The two latter associations are justly celebrated, Miss Lees affirms, for the perfection of their practical and theoretical teaching. The recent war has given a great impetus to such schemes. The energy and self-devotion exhibited, during that period, by women have called out the highest official and professional expressions of praise. Professor Pettenkofer, of Munich, has not thought it beneath him to deliver some of his best and most popular lectures to training-school committees.

Dr. Steinberg, Director-General of the army hospitals of Berlin, in his printed report devotes a chapter to nursing, and to the advantages of ladies' supervision over laundry and kitchen affairs in a hospital. He gives the organization and rules of the women's hospital committee (of which Professor Virchow was

chairman), and he takes occasion to advocate the training of lay nurses, as part of the duty of every German state. He lays great stress on the first and most indispensable provision for this, namely, hospital buildings, that shall be models in their construction and their hygienic conditions, attached to every university, and he suggests the use of funds left over in the hands of soldiers' aid societies, or part of the French indemnity fund for building such hospitals.\*

Dr. Leisrink urges the rebuilding of the army barracks of Hamburg as a civil hospital, and putting the nursing service and the whole internal management in the hands of the ladies' local committee, to whose efforts the army surgical service in Hamburg already owed so much; voluntary service and supervision, he says, being of so much better quality than can be secured by any other means.

Surgeon-General Niese publishes a special book about training-schools, and says, that since good nursing ought to be an attainable benefit for everybody, and a trained nurse quite as much as an educated physician within easy call in every village, he would have as many training-schools as possible,

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\* "Kriegslazarethe und Baracken von Berlin, nebst einem Vorschlage zur Reform des Hospitalwesens." Dr. Steinberg. Berlin, 1872.

one at least for every province of Prussia. He thinks the practical training of women in groups of cottage hospitals, which he says is the true method of construction for *all* hospitals, preferable to any plan in connection with existing city or university institutions. Dr. Niese, like Dr. Steinberg, calls on the German Government to put its hand to the work through its ministry of education, and make the training of lay nurses part of its duty.\*

The United Soldiers' Relief Associations of Germany, at their first Vereinstag, or convention, held after the war, at Nürnberg, 1871, resolved that their proper function during peace was to provide for the training of as many lay nurses as possible.

### *SCHOOLS OF MIDWIFERY,*

A word should be added about the great schools of midwifery in the Austrian empire, of which there are twenty-six. They are connected with the universities, the principal ones being at Pesth, Prague, and Vienna. We are more familiar with the excellent arrangements and the success in nursing of the latter. The class numbers fifty women, the expenses of their training being generally borne by the muni-

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\* Vorschlag und Plan zu einer Bildungs-anstalt für Krankenpflegerinnen. Dr. H. Niese, Generalarzt a D. 1872.

cipalities who send them. The hospital has one hundred and fifty beds, under the charge of Professor Gustav Braun, with able assistants.

Great importance has always been attached to the teaching and training of midwives, on the continent, a matter which begins to awaken interest in other countries. Answers to a series of questions about the Austrian schools, propounded by Earl Derby, have been forwarded through the British Embassy at Vienna, for the information of the House of Commons, in connection with legislation petitioned for. The New York "Medical Record" published the series of answers in a letter from one of its correspondents. The Vienna school, we are told, would furnish an excellent model of organization for a school of the kind in this country.\*

In Prussia, France, and Russia, these institutions also exist, under differing regulations. The Prussian course of training is very short—four months. The candidates are generally sent from little towns by the municipal officers, and are often recommended and elected by the ladies of the place. They usually go back to the town they came from. Special instruction is given in writing and other branches to those women who are deficient in elementary knowledge. The chief text-book, said to be one of the most use-

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\* "Medical Record," Sept. 25, 1875.

ful ever written, is the "Hebammenbuch für den Preuss. Staat,," edited by a committee, but written by the late Dr. Jos. H. Schmidt. Women who pass the examination are licensed and appointed by the government as approved midwives for a given district. They are bound to send for a doctor in irregular cases, and very rarely overstep the prescribed limits of propriety.

The course of training in the lying-in hospitals of St. Petersburg and Moscow is very thorough, and lasts three years. As is the case in France, also, the women are taught to vaccinate infants. They are examined and licensed by government for certain districts, and one class, called crown midwives, are better off as regards emoluments than the others; they receive a fixed salary as soon as they have passed their examination.

The Maternité at Paris is intended for training midwives for the whole of France; but some are also educated at Strasbourg. The course of training lasts one year; the pupils are boarded and lodged in the hospital, and the communes bear the expense, which, for each woman trained, is six hundred francs.\*

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\* "Hospitäler und Wohlthätigkeits-Anstalten." F. Oppert. Hamburg, 1872.



*RUSSIA.*

In the empire of Russia, from the year 1775 up to 1864, every chief town of a province had a public office of charity under government control. The funds were derived from private gifts and from government grants, the property of the monasteries which formerly supported the destitute having been taken by Catharine II.

There being no banks in Russia at that period, the provincial offices were allowed to employ their capital as they pleased, and large amounts of money were amassed, by means of which asylums, almshouses, and hospitals were established. Since 1864, a degree of self-government in local charitable affairs has been accorded to the provinces, appointments of officers being subject, however, to imperial confirmation.

There are no poor rates in Russia, and while the standard of comfort in rural districts is very low, absolute pauperism is rarely known. The poor population of the cities fluctuates, large numbers of peasants pressing to town in search of temporary employment, the resulting distress and illness often taxing severely hospitals and other charities.

Centralization in medical matters is carried farther than in any other country. All the hospitals and

asylums are under a central board, the head of which is a medical man appointed by the Emperor. All officers, including physicians and surgeons, are under his control, and he appoints the local superintendents. The Grand Philanthropic Society, founded in 1818, which administers out-door relief, medical and otherwise, in the two capitals and in some of the provincial cities, is under another central board, the president of which may or may not be a medical man. The cities are divided into districts, each having its medical officer and midwife.

The general hospitals are immense palaces ; admission is free ; the nursing system is similar to that of most German hospitals. Nurses are male and female—for the latter widows being preferred ; sometimes married couples are employed.

An order of sisters of mercy was founded by the Grand Duchess Helen, in 1854. The spirit of the time was an eager and liberal one ; persons of all creeds were admitted. The dress is a very cheerful one—not unlike at all—and there are no ecclesiastical vows. The work began in the Crimea, where the sisters pressed to the front lines, and even under fire, as Dr. Pirogoff, the distinguished Russian surgeon, to whom the sisters were consigned, describes in his published report. Two of the sisters were wounded. They served in the various hospitals and

ambulances of Sebastopol and elsewhere, and in the supply depots. Over two hundred sisters were thus employed.

When peace came, the Grand Duchess and some of the sisters wished to perpetuate the order, and to devote themselves to the care of the sick poor, both in hospitals and at the homes of the poor. Strong opposition was roused; the sisters were tolerated in one institution only; happily, it was a working-people's hospital, one that had been sadly neglected, and where typhus fever was continual. The sisters soon won respect. The naval hospitals at Cronstadt, with twelve hundred beds, were opened to their supervision in 1856; and, one by one, they have assumed charge of seven hospitals, chiefly small ones, besides other charities, in St. Petersburg.

In 1860 they opened an ambulance, or dispensary, in their own house, which is in the working quarter of the city, and which has been repeatedly enlarged. The sisters dress wounds and prepare medicines; eight doctors are in attendance, and four large rooms receive, morning and evening, hundreds of persons in need of care, who come from all parts of the town—perhaps two thousand patients in the course of a month. Baths are given, and there are one or two beds for those who need a few hours' rest after

an operation. The order is called the Society of the Exaltation of the Cross. Except in the naval hospitals all the expense is borne by the Grand Duchess.\*

### *SWITZERLAND.*

Each canton in Switzerland has its central hospital, and almost every canton has its own lunatic asylum, the majority of which are nursed by the Grey Sisters. But Swiss philanthropy is never in arrears. The experiment at Zurich of the education of women as physicians is well-known, as are the enlightened views of some of the Swiss professors on this point, and on the subject of hospital construction. The cantonal hospital at Geneva has its sheds, or barracks, into which the surgical wards are emptied in summer, that the winter-used wards may be cleansed and aired. The good effects of such a measure are more and more apparent. The air in the barracks is always pure, and there is never the least hospital smell by day or night. Canton du Vaud, also profiting by the experience of the war, has reformed its hospital system on the barrack plan.

In the German cantons of Switzerland, at Reichen and Berne, there are Lutheran or Protestant nursing-

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\* "Sisterhoods and Deaconesses at Home and Abroad."

By Rev. H. C. Potter. Dutton & Co., 1873.

schools, and in the French cantons at St. Loup and elsewhere, all under the charge of deaconesses. Dean Howson gives an interesting account of the organization and work of these orders.\*

A modest but very active little school, now in its seventeenth year, exists at Lausanne, in connection with the hospital of the place. Sixteen pupils a year are admitted, in two classes, who receive five months' training each. There are no vows ; no uniform dress. The work is one of Christian liberty, and the supervision of the school over the women ends at the end of their apprenticeship.

Count de Gasparin, in a paper on the "Care of the Sick," written by him for the Evangelical Alliance in New York, and read by Dr. Ganse, used this school to illustrate his eloquent argument against sisterhoods ; his plea for "less organization and more life, for free individual action, the development of the fund of strength which faith puts at the disposal of charity."

### *ITALY.*

Italy gives the purest examples of mediæval hospitals, and of an archaic system of nursing. There is no general legal provision for the poor in Italy ;

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\* "Deaconesses ; or, the Official Help of Women in Charitable Institutions." Rev. J. S. Howson, D.D. London, 1862.



no poor rates, as in England ; no general law of settlement and chargeability. The civil code imposes obligations on relatives ; and the separate provinces are bound to provide for their own pauper lunatics and foundlings, and to afford gratuitous medical relief to the destitute. In Lombardy the towns are compelled to take care of incurables, either in hospitals or at home. In Tuscany deficiencies of hospital revenues are, as a rule, made up by contributions from the different communes, in proportion to the number of patients sent by each to be treated in the hospital.\*

There are about eight hundred hospitals in Italy ; they are to be found in almost all the chief towns of provinces and districts ; only the extreme southern provinces being unprovided. They are most of them very old charities, founded in the middle ages, by members of religious fraternities. Probably, in no other country have so many convents been transformed into hospitals. The administration is generally in the hands of brotherhoods, though sometimes laymen are appointed as directors, and sometimes, as at Milan and San Spirito, Rome, the director is a medical man. Classification of patients

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\* "Reports communicated to the Local Government Board, by Her Majesty's Secretary of State for Foreign Affairs." London, 1875.

is neglected, and sick, lunatic, and aged persons may often be found domesticated in one building. Both monks and nuns serve as nurses in Italian hospitals, with hired assistants.

Mrs. Jameson in her book, "Sisters of Charity," gives many little details about Italian hospitals, and the service of the nuns. At Turin she noticed a common arrangement for the night-watch : a large sentry-box, the upper part of glass, hung with curtains, in the middle of a ward. On a shelf or table are spread all the restoratives and linen likely to be called for in haste. Here two sisters watch all night, and here the accounts are kept, and the private business of the ward is carried on in the daytime.

. Hospital Santa Maria Nuova, in Florence, was originally founded by the father of Dante's Beatrice, and given by him to the nuns. It became the nucleus which gradually drew to itself, under one management, thirty-three other hospitals. In its various establishments it now numbers over three thousand patients, nursed by a Franciscan sisterhood. For generations, the nuns had not been allowed to take charge of the men's wards ; but the exertions of two eminent Florentine physicians, Professor Cipriani and Dr. Barillai, prevailed in 1857 ; and Mrs. Jameson says she was witness to the trembling anxiety, almost consternation, with

which the simple-hearted nuns took up their new duties ; witness also to the good effects of the change. The sisters soon became interested in their work, and the men patients were full of gratitude, rejoicing in neat wards and well-served meals. Miss Nightingale, in speaking of some of the institutions on the continent nursed by brotherhoods, says, a good hospital nun, or a good London nurse, would be disgusted with their pestilential filth, and would want to turn everything out of the window.

The largest hospital in Europe is in Milan, *Ospe-dale Maggiore*, a brick structure, in mediæval style, five hundred years old, built around eight or nine open courts, and with accommodation for four thousand patients. The number of occupied beds is about two thousand five hundred. The property belonging to the hospital is very extensive. The hospital raises its own beef, and everything of an eatable kind required in the establishment, grinds its own flour, and grows and weaves all the house linen of all kinds. Beautiful, heavy, huckaback towels, the work of the almshouse women of Milan, are woven for sale. The principal wards of the great hospital form a cross, and at the point of intersection is a dome and an altar, where daily service is held. The ceilings of these wards are between thirty and forty feet high, and the floors are of red brick. There is no

warming apparatus, except small, portable foot-stoves for charcoal. The hospital is rich in historic recollections, and contains objects of art, like all public buildings in Italy, but the less said about the latrines the better. Every year there is an art exhibition, with portraits of all the benefactors of the hospital. Those who have given fifty thousand francs are shown at half length; those who have given one hundred thousand francs, at full length.

Members of the writer's family, traveling in Italy at the time of Garibaldi's campaign, 1867-1868, and volunteering for service, had an opportunity of visiting the Milanese and Florentine hospitals, and of getting some glimpses of the smaller civil hospitals in little Italian towns. In some of these the soldiers who were seriously wounded were distributed and cared for by local surgeons, under the general direction of Dr. Cipriani, Garibaldi's chief surgeon.

A Sanitary Commission in Florence had been very active, Mrs. Vaughn's book, "Women of the American War," being used to "fire the Italian heart." There had been question of how the flannel shirts should get made, when the wife of an American artist, who had been through our war, startled everybody by quietly saying, "I'll take twelve." Others woke up to the new idea, and there was no further delay. Perugia, Foligno, Terni, and other places

each had, in its town hospital, its quota of sick and wounded, to whom the supplies sent from Florence were distributed. The hospitals were dreary enough ; rambling stone buildings, with tremendously thick walls, small windows, narrow, winding-stairs, and great, vaulted, unventilated rooms, with stone floors ; no attempt at neatness or cheerfulness, and not the faintest chance of fresh air. As for fresh air, a sick Italian thinks it is death, and Garibaldi, even, after he was shot in the foot at Aspromonte, set his servant at work with a pot of paste and strips of paper to close up all the cracks in the windows of his sick-room. The diet of the hospitals was about the same as the men would have had at home, a little thin broth, sour wine, and a bit of black bread.

The Roman hospitals naturally received the bad cases after Garibaldi's defeat, and the mortality here was very great. There was more filth, less air, far worse wounds, and the discouraging fact that the men were prisoners after a defeat. No chloroform was used by Italian physicians in operations, and no stimulants given. The suggestion of eggs and brandy, made by an American surgeon, one of the volunteers above-mentioned, was met by the answer that in a hospital where it had been tried all the cases proved fatal. One hospital, which was in



charge of volunteer gentlemen of Rome, was in exceptionally good condition ; there was great kindness shown, and the patients were better off.

San Spirito is the great hospital of Rome, and is in the hands of the religious order of that name. It is devoted to the relief of sick poor, without distinction of class or nationality, and has room for seven hundred and thirty beds. The military garrison hospital is annexed to it, and is under the same management. On the occasion of one visit to San Spirito a huge cauldron, three feet in diameter, was found boiling in the open air of the courtyard over a brazier ; attendants were pouring in bushel baskets of fresh blue violets, for the violet tea, which is a favorite tisane, or drink, in fever cases in Italy, and the air was fragrant with the delicious odor.

#### *ENGLAND.*

In France, as we have seen, the hospital belongs to the State ; the almshouse, as a rule, to private charity. In England the reverse is the case. The poor-law, in theory, hitherto has provided public support only for the old and infirm, while hospitals and dispensaries are sustained by voluntary contributions, or by endowments received originally from individual or ecclesiastical sources. Occasionally the poor-guardians farm beds in certain hospitals—as,

for instance, the Jewish Board of Guardians, which farms or hires beds in the London Hospital—but the practice is very rare. In Scotland and Ireland it occurs more frequently.

The grade of hospital patients in France and England differs. In very few English hospitals are there any pay wards; treatment is gratuitous, but the rules for admission require letters of recommendation from subscribers, that the patient shall supply his own linen, tea, and sugar, and pay for his own washing. A large proportion of the English poor, unlike those of Paris, must be excluded from regular hospitals and find refuge in workhouse infirmaries, of which we will speak later. But one establishment, the London Hospital, at the east end, can be pointed out as the counterpart of Bellevue. Here, patients are of a low social grade, and, most of the cases of surgery being acute—the result often of wounds from violence—pyæmia abounds. English thoroughness, in spite of old buildings, manages to keep the wards of most London hospitals free from hospital odor.

All the nurses in England are women, both in male and female wards. Of eleven great London hospitals, six employ no men nurses, five employ them only occasionally; there are a few men servants, as stretcher-bearers, etc. There is a matron,

who is the nominal head of the nursing corps, the hospital having its own secular government. This is our fourth system of nursing, and English hospitals, as a rule, are illustrations of it, as are nominally many hospitals in America. Nominally—for the matron of a hospital here has commonly all she can do to look after the housekeeping work. The oversight and discipline of the nurses, therefore, falls into the hands of the medical staff and the male executive officer. In that case the hospital should be more properly classed as illustrating the German and Austrian systems of nursing already characterized.

John Howard—an autograph copy of whose book, published in 1789, is to be found in the Astor Library—gives some interesting details of the hospitals of Great Britain a century ago. He constantly complains of low ceilings, bad air in the wards, floors sanded to hide dirt, and wooden bedsteads with testers, and “filled with bugs.”

Howard says : “ If the annual sum paid in several hospitals for the destruction of bugs, Westminster, for instance, were spent in airing, beating, and brushing beds, the end, perhaps, would be much better answered. In hospitals in Sweden the practice exists of bringing a certain number of beds into the open air every fine day, for the purpose of sweetening them. They are beaten and brushed on a deal

frame, made for the purpose." But prejudices everywhere in England against washing floors and opening windows were allowed to rule; fixed sashes were common; bathing was scarcely ever practiced; medical and surgical cases were nursed in the same ward. The London Hospital, although the newest and finest then built, had not been whitewashed for years. The daily diet in this hospital was eight ounces of meat and twelve ounces of bread, and no vegetables. Tea was strictly forbidden in most hospitals, but tobacco smoking was encouraged, probably as an antiseptic. Patients were required to pay down twenty shillings on entering, or find security for their burial. Fees to attendants were a regular exaction—one shilling to the sister, sixpence to the nurse, and sixpence to the beadle—and a door was opened to great impositions. Beer was freely brought in from alehouses to all hospital patients of the period—said to be by doctors' orders.

The managers of Guy's Hospital were progressive people; we get a ray of light here. Improvements were going on, ward by ward, at the time of Howard's visit. There were contrivances for opening the windows easily, and the water-closets were of the best known construction; a spring on the door as it opened and shut served to empty the pans and

refill them with clean water from a reservoir. This was in 1785.

But the condition of some of the Irish county infirmaries passes belief. Howard grows facetious over them. At Waterford, the surgery consisted of one pot of ointment, and eighteen old empty drawers. Castlebar Infirmary was old and ruinous ; the dirty windows were stopped with straw ; one room served for kitchen and washhouse, turf cellar and nurses' lodging. The diet was water-pottage and a pint of milk a day. Queen's County Infirmary was one of only two hospitals in Ireland that received a large county appropriation—about three hundred pounds. It had four sick-wards. A little dirty hay in one room served for the woman nurse's lodging. The ceilings were covered with cobwebs ; there were no sheets, no vault, no water. The diet was a threepenny loaf, and two pints of milk, "or rather, if my taste did not deceive me," says Howard, "of milk and water." The surgery was a closet, the furniture consisting of ten vials, some of them without corks, a little salve stuck on a board, some tow, and pieces of torn paper. There were twenty patients at the time. In County Tyrone two patients were put to bed in the bath-tub ; and Howard says he does not recollect baths in proper use in any county hospital in Great Britain. "Much depends on a neat



and notable matron, who has humanity joined with firmness, and good sense enough to be directed by those who have more knowledge than herself. Such a woman is a *treasure* in a hospital or workhouse." (The italics are Howard's.)

Among other valuable suggestions, he recommends that in every hospital one ward be kept unfurnished and vacant, so that wards may be emptied and cleaned in rotation ; an enlightened idea for one hundred years ago, but one which few managing boards have ever carried out.

Reforms came slowly. Philibert Roux, a French surgeon traveling in England, in 1816, speaks of the London Hospital, "that fine institution, and one of the most recently established hospitals in London"—the one that "had not been whitewashed for years"—"where the physicians and surgeons had resolved to try every expedient in order to secure one point, the separation in different wards of medical and surgical cases, and did not succeed. There was no daily visiting staff. Only twice or three times a week did the *chef* visit the wards."

District dispensaries in Ireland were established by Act of Parliament in the beginning of this century, and were supported by the "county cess," supplemented by local charity. In 1851, by the passing of the Medical Charities' Act, the dispensa-

ries were placed upon the poor-rates under poor-law management, but not connected with general relief in any way. Medical relief from the poor-rates became as accessible as from any charitable dispensary. By Sir Robert Peel's amendment in 1862, poor persons, not destitute, but disabled from sickness, may be received into the workhouse hospitals, and by paying something may be registered separately, and not classed as paupers. In Ireland, therefore, the whole medical necessities of the poor may be defrayed from the poor-tax—a dangerous system—since accepting medical relief is often the first downward step. The Chief Commissioner thinks there is no danger of this system pauperizing the people, as it might if it were associated with an extensive system of out-door relief. Very little out-door charity is bestowed in Ireland.\*

As to the low character of the nursing in English hospitals of old, and until within the last fifteen years, we have ample medical testimony.

Dr. Chatto, of St. Bartholomew's hospital, writing in 1835, complains of the old, faulty system of nursing still in vogue, and instances three things : "That sisters are too ill paid—fourteen shillings to sixteen shillings a week ; and nurses, upon whom the comfort of patients mainly depends, wretchedly paid

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\* See Reports of Health Officer of Glasgow. 1876.

—seven shillings a week. 2. That nurses not sisters are overworked ; they sit up alternate nights, and are called on for all sorts of household duty. 3. “Lastly,” he says, “the mode of appointment and removal of nurses is faulty, being entirely independent of the medical officers, and vested in matrons or stewards,” whom he thinks incompetent to judge of the capabilities of nurses. He condemns the apathy of doctors as highly discreditable, and quite inconsistent with the anxiety they so often display for the welfare of patients ; and adds, that large hospitals should form the best schools for instructing women, and should be able to furnish the public with good nurses on reasonable terms.\*

Nurses for the most part, up to fifteen years ago, were put to their work without any training, and at an age so advanced that effectual training was scarcely possible. Many could neither read nor write ; they were recruited from a low rank ; their duties included not only attendance on the sick, but cleaning and scrubbing ward floors and the staircases of the hospital ; the women were usually widows, or those who had children depending on them, and who were attracted by the unwise but popular arrangement of board wages. Their work was complex in character, and very laborious. In

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\*“London Medical Gazette.” 1835.

some hospitals the night nurses received a shilling and their supper for a night's nursing; they were over-worked and destitute char-women, who went out to day's work at eighteen pence, and supplemented these poor wages, by taking charge of hospital wards at night. Drunkenness was common with this class, drowsiness still more so; the women deserved pity rather than punishment. "Now, nurse," a visiting professor would say, in the presence of his students, "if this patient is not better in the morning, you will be discharged." Generally the patient *was* better. Of course, there were some excellent nurses, but the system was as bad as it could be. Of the manner in which women "nursed," of what they did, and what they left undone, what they were ready to do, and were with difficulty restrained from doing, Dr. Lionel Beale tells us the less said the better.

Guy's Hospital, founded by a rich, old bookseller of that name—the managers of which were enlightened people, and introduced improvements, patent water-closets, etc., as we have seen—stands intermediate between University College, with its sisterhood, and St. Thomas Hospital, with its training-school, the three representing three distinct nursing systems. Guy's may be considered a fair illustration of the cost of nursing, and of the character and

amount of service required of nurses in England, under the best conditions.\*

It was the custom for each ward to have at its head a lay sister ; this was a title of convenience, and did not indicate any system of training, or any organization, either religious or otherwise. She administered the diet and medicine, reported symptoms, and received the directions of the medical staff. Respectable women, who had been upper servants in families, or who had done some private nursing, were chosen. They received fifty pounds a year, and an allowance of milk and beer. The day nurses had thirty pounds a year, and beer from the hospital brewery. These were board wages, and the women all found themselves. Counting day and night service, each nurse had on an average ten patients to care for. The annual cost of nursing each bed at Guy's amounted to five pounds eight shillings.

In the last fifteen years, there has been, in all English hospitals, a tendency to increase the number of nurses, to secure a better grade of women, and to separate nursing from scrub-work. Guy's Hospital, rich as it is, so rich that the difficulty of the governors seems to be to know how to spend the money, now requires its nurses each to scrub, on

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\* "Guy's Reports." Dr. John Charles Steele, 1871.



an average, only four hours a week ; and Dr. Steele, the resident medical superintendent, whom we must be forgiven for disliking a little, defends the practice, and thinks it would be difficult to say how a nurse's time could be fully occupied without this resource !

Guy's now employs what Dr. Steele describes as " a resident staff of six scrub-women," and with occasional hired help and that of the nurses, pays for cleansing the hospital, numbering five hundred and sixty beds, about five hundred pounds a year ; and the cost of nursing each bed has run up to seven pounds ten shillings and eleven pence.

Two of the largest London hospitals, St. Bartholomew's and the London, do their scrubbing by contract. The former, with six hundred beds, pays six hundred pounds ; the London, with five hundred and seventy beds, and in its condition and character resembling Bellevue, pays three hundred and sixty pounds a year for this purpose.

There is now one nurse to every seven patients in Guy's, or one to eight if every bed were occupied. Instead of finding themselves, wages are fixed at twenty pounds a year ; the nurses are furnished with every required article of diet except butter, and a nurse's dining-room is provided. They have one day's holiday once in four weeks, and each year one week's vacation.

Sisters are allowed fifty-eight pounds a year, a daily ration of bread, besides beer and milk, and a suitable dress, and their rooms, which they used to furnish themselves, are now fitted up at the expense of the hospital. Sisters are compelled, however, to purchase their food out of their wages, and have it cooked in the ward kitchen, or in their own rooms, to be eaten at any convenient opportunity, not always attainable. They are enjoined to take daily exercise, and each is entitled to three weeks' holiday a year. For twenty-five years there has been a superannuation fund at Guy's, to which the Sisters are expected to subscribe quarterly, the managers doubling the sum; this takes the place of the "retired list" of the French administration. It entitles Sisters contributing to a pension of thirty pounds a year, at the age of sixty-five; and in case of the death of a sister, or giving up hospital work, her quarterly payments with interest are returned to her or her friends.

King's College, University College, and Charing Cross Hospitals, it will be remembered, are nursed by two religious orders, and should be classed with French hospitals, under the first system of nursing described. These two communities, for a specified sum, furnish everything the hospital may require in the way of female service, including cleaning and

cooking. King's College Hospital, with one hundred and fifty-two beds, pays St. John's Sisterhood one thousand three hundred and forty-five pounds a year for this arrangement. University College, with one hundred and fifty beds, pays All Saints' Sisterhood one thousand five hundred pounds.

Fulfilling the old proverb, we find Dr. Beale and Dr. Steele disagreeing as to the desirableness of the plan. Dr. Lionel Beale, of the Royal College of Physicians, and one of the staff of King's College Hospital, says: "I have been for years a member of the Council of St. John's House, the Mother House, and a physician of King's, and I cannot conceive a connection more natural or more likely to work well and be advantageous to both institutions, than the one that exists between King's College and St. John's Sisterhood."

Dr. Steele, Superintendent of Guy's Hospital, which is nursed on the old system, while admitting that the work is well done at King's and the University Hospitals, and not costly, considering the number of attendants, says: "The duality of the government on the sisterhood plan, and the responsibility of employees, not to the regular governing body, but to an outside religious agency, lead to misunderstandings, and involve the hospital in a disparity of expense scarcely warranted by the re-

sults, as far as the patients collectively are concerned." He thinks it would require very strong arguments to prove that a patient in the North London Hospital had double the advantages of a patient resident at Westminster, or that it was a greater charity to maintain one hundred beds at the former institution, at the same outlay as sufficed to nurse two hundred beds in the latter.

In a paper on Hospital Expenditures, Mr. Joseph G. Wilkinson gives the annual cost of each bed in the following hospitals :

University, seventy-seven pounds four shillings and tenpence ; Middlesex, sixty-two pounds six shillings and one penny ; Charing Cross, fifty-nine pounds fourteen shillings and ninepence ; King's, fifty-nine pounds six shillings and fourpence ; Guy's, forty-seven pounds thirteen shillings and sevenpence ; Westminster, thirty-nine pounds nineteen shillings and one penny.

Tables have already been given, showing the number of men and women nurses employed in Paris hospitals, and the wages that are paid. On the next page will be found a table of the number and the wages of nurses in the hospitals of London ; all the nurses being women.

# REMUNERATION, ETC., OF NURSES AT THE FOLLOWING LONDON HOSPITALS:

	No. of Beds.	No. of Sisters.	No. of Nurses.	1860. Annual Remuneration of Sisters.	1869. Annual Remuneration of Nurses.	Proportion of Sisters to Patients.	Proportion of Nurses to Patients.	Remarks.
Guy's.....	560	20	72	£58. Partial Board and Dresses.	£20, Board and Dresses.	1 to 28	1 to 8	Superannuation Fund for sisters.
Bartholomew's,...	650	25	81	£58 10s., Dresses only.	£22 15s., Board and Dresses.	1 to 26	1 to 8	Prizes varying from 31s 6d. to £5 are distributed among nurses.
St. Thomas's,.....	211	7	19	£50, Full Board. Pay for own Dresses.	£25, Board. Pay for own Dresses.	1 to 30	1 to 11*	
London .....	570	15	70	£44 7s. 4d., Partial Board and Dresses.	£18 10s., Full Board and Dresses.	1 to 38	1 to 8	Gratuity of £5 5s. to sisters annually. Nurses have their dresses washed in hospital.
St. George's,.....	331	19	36	£35, Full Board and Dresses	£20, Full Board and Dresses	1 to 17	1 to 9	
Middlesex.....	300	9	42	£30, Full Board and Dresses	£20, Full Board and Dresses	1 to 33	1 to 7	
St. Mary's,.....	157	7	18	£30, Full Board and Dresses	£22, Full Board and Dresses	1 to 22	1 to 9	
Westminster ..	193	6	24	£26 5s., Full Board.	£19 19s., Full Board.	1 to 32	1 to 8	
King's College,...	152	7	35	Full Board and Dresses.	£22, Full Board, Clothing, and Washing.	1 to 22	1 to 4	£1,345 paid for nursing and cleaning arrangements.
University College	150	7	30	Full Board and Dresses.	£16, do.	1 to 21	1 to 5	£1,500 do.

\* Proportion of nurses to patients largely supplemented from the Nightingale Training-School.



We have had a glimpse of what sort of nursing there was in the large, rich, regular hospitals of England ; but what must it have been all this time in the English workhouses, to which we should fairly look for the parallel of our county poorhouses? A century of workhouse nursing! Official reports tell us the painful story.\*

These buildings are not workhouses in the sense of institutions where the inmates are all able to work ; nor are they exclusively hospitals where the sick are temporarily received and treated ; but asylums in good part where infirm and aged poor are provided for during life, and where consumptives and persons suffering from other acute or chronic diseases, coming from regular hospitals, perhaps, and being entirely without resources, end their days. They are institutions *sui generis*.

The number of sick poor requiring medical treatment, who enter the workhouses of London every year, is over fifty thousand. A report of the Poor-Law Board, printed for the House of Commons in 1865, showed six thousand four hundred sick in the wards of forty-one London workhouses on a given day, of whom about one-third were ill of acute diseases susceptible of cure. Able-bodied inmates were

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\* See also "The Workhouse as an Hospital." Frances Power Cobbe, 1861.

estimated at thirteen per cent., and few of these could be spared from the ordinary household duties required by the presence of aged inmates and children. For nursing the six thousand four hundred sick, there were seventy-one paid nurses; but as thirty of these were employed at St. Pancras and Marylebone Infirmaries, where special efforts had been made in the direction of better care for the sick poor, there remained only forty-one nurses for thirty-nine workhouses: hardly one apiece. Thirteen hospitals had no paid nurses. There were eight hundred and fifty-nine pauper helpers employed. Half these women were over fifty years of age, one quarter were above sixty, and many were seventy and even eighty years old. Pauper nurses were allowed tea or beer, and the doctor would send any feeble old body, who needed some such extra comfort, to be a nurse in the sick-wards. One workhouse hospital is mentioned where nurses were paid a penny a week. Naturally, they fleeced the patients and their friends of whatever trifle they possessed. Payment was made in extra diet, which did not amount to meat every day; and in clothing, which was as shabby as that of ordinary inmates. Instead of inducements being offered to the industrious, the temptation was rather to be an ordinary inmate and idle. Habits of pilfering and

drunkenness were common ; the latter habit cultivated by the allowance of a pint of strong porter daily, with one or more glasses of gin for night duty or disagreeable work. In only a minority of workhouses was money payment made, and that not always dependent on good behavior.

Women who had once been employed in hospitals and dismissed for cause—old age, failing health, or drunkenness—untrained, untrustworthy, ignorant, and degraded by vice of some kind came, as a last resource, to the workhouse, and were still considered competent to be set in office over the pauper sick and dying.

The insufficient cubic space provided, the scant outfit of utensils, etc., are matters of record. In some of the London workhouses lunatics and imbeciles were placed in the general wards ; in others, they were considered sick patients, and were classed separately, at the discretion of the medical officer. This officer was overworked and underpaid, sometimes having the charge of three hundred patients ; and, moreover, was required by the law to furnish the medicines out of his salary. There was no system of medical inspection.\*

In provincial workhouses things were no better—except as regards the sites, which were generally

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\* "Parliamentary Papers." Vol. LXI., 1866.

open and good. Poor-law inspectors' reports varied; apparently in accordance with the habit of either taking official answers to official printed questions, or of the inspectors "seeing for himself." In the south-western counties—Devonshire, Dorsetshire, Cornwall—with fifty-eight workhouses, E. Gulson, esq., inspector, to the printed question, "Are the arrangements for nursing satisfactory, especially the night nursing?" returns answer, 24th January, 1867, "Nursing generally satisfactory, almost every infirm-ary having one paid nurse, and one or more helpers." But at Bath Union, in his district, where he gives to the question an unqualified yes, we find two hundred and fifty-one sick persons, including insane, and only six nurses, with nineteen pauper helpers allowed to have extra diet. Clifton Union had one hundred and fifteen sick, including lunatics, in charge of two paid nurses and fifteen pauper helpers, and there seems to have been no system of night-nursing anywhere.

Of sixty-five workhouses in the south-eastern counties, W. H. T. Hawley, esq., district inspector, almost all were overcrowded with sick, and without means of proper classification; thirty-four workhouses had no paid nurses at all, the matron did the nursing with pauper help, and nursing everywhere was "unsatisfactory." Separate wards for

children were found in only six of the sixty-five houses. Children were brought under the influence of the worst characters, and lived among diseases and scenes totally unfit to be intruded on minds so young.

The Isle of Wight is in this district, and the account of its workhouse infirmary is exceptionally pleasant. It had separate wards for children and three paid nurses. There is not one black mark against it in the report of the inspector, who liberally sprinkles his official columns with crosses and question marks and exclamation points, to intensify his surprise or disgust. Only two other workhouses of the sixty-five, Southampton and Calne, could show as clean a record. The report recommends an order of the Poor-Law Board, compelling guardians to employ paid nurses, and to classify inmates in workhouses.

Another inspector for South Wales and the adjoining English counties, ten in all, with sixty-three workhouses, reports one-seventh of the inmates needing the services of nurses. The medical relief books, to be sure, had the names of one-third, but these were of persons entered for beer or extra diet on account of old age, or as pay for extra housework. The paid nurses constantly acted as general servants. "In no workhouse of the district does a



nurse habitually sit up at night. A pauper attendant is provided to sit up with a patient supposed to be dying or in childbirth."

The eastern counties of England have seventy-four workhouses, and the government inspector reports great difficulty in obtaining competent nurses, except at salaries which the guardians are unwilling to pay. Twenty-one workhouses had only pauper nurses; and nursing was more or less unsatisfactory, accordingly.

But Leeds Workhouse Infirmary, in the West Riding, has a bad pre-eminence. It was a quadrangle of buildings, with blank walls in many of the wards. No division was made between medical and surgical cases—a common abuse, however; itch, on the women's side, was classed with the vagrants; the lying-in ward was in the body of the house; the beds, as was the common custom, were of flock; one wash-basin and one roller towel a week were allowed to wards of from eight to fourteen patients. One woman nurse had charge of seventy lunatics, of both sexes, with one male helper; and only one nurse gave undivided attention to one hundred and fifty sick.

Says Inspector Cane: "Although the medical officer is content with the existing condition of the

infirmiry, I do not consider it in a satisfactory state." \*

The meat was generally boiled on meat days, in workhouse infirmaries, for soup days came next; the cooking apparatus was arranged for boiling, and the process was chosen as one requiring less care and occasioning less waste than the more healthful mode of roasting. But the insufficient diet and clothing—the patient's own clothing being removed, and workhouse, cotton garments substituted—the wretched character of the buildings, the comfortless life and bitter death of hundreds and thousands of workhouse inmates must be imagined. The members of many of our local visiting committees can fill up the outline from their own experience in our city and county poorhouses.

From printed testimony we learn that the first suggestion toward organized training of nurses in England came from a medical man. Dr. Robert Gooch, an eminent English physician and reformer, traveling on the continent in 1825, was much impressed by the good order of the institutions in Flanders, under the charge of the *Béguines*. The singular headdresses and often beautiful faces of these nuns are familiar to all travelers in Ghent and Bruges and Brussels. The nuns are allowed to live in little

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\* "Parliamentary Papers," Vols. LX., LXI., 1866-68.

families in their own houses, may take lodgers, receive visits from near male relatives for three days at a time, and occupy their leisure in raising flowers and making lace. Their lives are tranquil and prolonged. Howard mentions seeing at Bruges, in 1785, the directress of the pharmacy, who had just celebrated the fiftieth year of her residence in the hospital. The Béguines form a corps of reserve, and in times of great public distress, like the inundations at Ostend, or large fires, or typhus epidemics, give liberally their money and their service, acting as sisters of charity. In the cholera seasons of 1832, 1849, and 1853, each Béguinage volunteered to serve one hospital.

Dr. Gooch praised the Flemish system, and urged reform in the English nursing service. His letters were published in "Blackwood's Magazine," and in the "London Medical Gazette," then in its first year, and were reprinted by Robert Southey, in his *Colloquies*. This was ten years before Kaiserwerth. Dr. Gooch even addressed the Bishop of London, by pamphlet, deploring the state of the sick poor, especially in the country towns, and urging "all serious Christians to join in founding an order of women, selected for their good sense, industry, kindness, and piety. Let them be placed as nurses and pupils in the hospitals of Edinburgh and Lon-

don; let them be examined frequently, to see that they carry clearly in their heads what they learn; let books be framed for them—briefly and untechnically written; let women thus educated be distributed two together in a cottage, placed in the center of some country district, and villagers would soon have reason to bless the hour when these women settled in their neighborhood. There are only two classes of people," Dr. Gooch adds, churchman though he was, "whom I have any hope of influencing for this plan—Methodists and Quakers." He died with his wish unfulfilled, but it had in it the germ of the present English system of district nursing.

Robert Southey himself theorized in his *Colloquies* on the need of directing the personal charity of women to hospitals, and doing for them what Mrs. Fry had done for prisons; and several letters passed between himself and a clerical friend on the plan for educating a better order of persons as nurses for the poor. Rev. Mr. Hornby, rector of Winwick, in concert with Adam Hodgson, esq., of Liverpool, undertook to set on foot an institution for this purpose, as an experiment, and to maintain it for two years. It does not appear what good women in the parish they may have had urging them on. They hired a house and engaged a matron, received a

number of inmates, and sent out some few as nurses. Other persons now joined the management, but as soon as it appeared that they were educating a valuable class of women, it was sought to make them available to the upper classes as monthly nurses, and this being an entire perversion of the original plan, the two gentlemen, whose interest was for the sick poor, withdrew at the end of the two years, and the whole scheme quickly fell to the ground.\*

The first permanent effort in England to improve the character of nurses came from the very direction in which Dr. Gooch had set his hopes—from the Society of Friends, to whom the world owes so much. Elizabeth Fry established in London, in 1840, a small institution for training and providing sick-nurses for poor families, which is still active and useful.

Pastor Fliedner had found part of his inspiration in the faith and love of the English women whom he met on a journey among English charities. The two countries interchanged philanthropic ideas; for a few years later we find men and women in England who had examined the system at Kaiserwerth, then fairly under way, trying to excite public interest at home in favor of a similar plan. They outlined a

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\* “Life and Correspondence of Robert Southey.” Edited by his son. Vol. VI., p. 71.



scheme and issued a circular of inquiry as to the means of raising the character of hospital nurses. The twenty-three answers—all that were elicited—from chaplains, doctors, and governors of hospitals, almost without exception testified to the evils complained of, and expressed despair at any remedy. The public praised the project, but gave no encouragement.

Dr. Sieveking, in 1849, had published a pamphlet on the training of workhouse women as nurses for the poor, and had urged the visiting of workhouse wards by ladies. It was good seed sown. In 1852, it was stated in the "Lancet" that on recommendation of the coroner for the western districts of Middlesex (some catastrophe must have happened) the parish authorities of St. Pancras and Marylebone had resolved to substitute paid and efficient nurses for pauper attendants, whose age, condition, and infirmity generally rendered them unfit for the situation, and through whom the sick poor suffered very much. But the guardians had their own embarrassments. We find them still struggling with the nursing problem in 1868, for Mr. W. H. Wyatt, then chairman of the St. Pancras Board, in his official address, says: "I would earnestly ask your thoughtful attention whether some means may not be devised for securing a better and more

intelligent class of persons as nurses for the sick. We have had many changes among subordinates, and our system, in this respect, is certainly open to improvement."

Next, Sir Edward Parry, in the hope of procuring better nurses for the naval hospital at Haslar, near Portsmouth, drew up an appeal, signed by five medical men, soliciting the aid of all good Christians to induce even three or four respectable women to volunteer their services, and to undergo training, such as that at Kaiserwerth, then to superintend others at Haslar, and so raise the moral tone of one of the most important of the national hospitals. The appeal was extensively circulated, but this liberal offer to put a government hospital of twelve hundred beds in the hands of trained women did not receive a single answer.

At the yearly meeting of the English Epidemiological Society, April, 1854, after the reading of the annual report, a paper was presented by Dr. Sieveking, on the "Importance of Supplying the Laboring Classes with Nurses." He was a man well qualified to judge of the need of good nursing. He had held on to the idea he had advocated in 1849, and urged it eagerly now in the warm discussion that at once sprang up in the meeting. He stated that there were fifteen able-bodied men and twenty-three

able-bodied women, on an average, inmates of every union in England available for his purpose.

A committee on nursing was appointed at the instance of the society. Its last secretary, Dr. Ogle, physician to St. George's Hospital, writes about it lately to the "London Medical Gazette." The idea was to secure a better grade of nurses for the poor during epidemics, or in childbirth, and to turn to account for this purpose adult and able-bodied pauper women, of whom there were, in that same year the committee organized (1854), no less than twenty-four thousand two hundred and three in the workhouses of England. This was the number, according to returns moved for in the House of Commons. Twenty-two thousand of these were considered women of good character, and qualified, if instructed, to become useful nurses.

The committee proposed that a general order of the poor-law board should make it imperative on the master and matron of each workhouse to put their able-bodied women through a course of training in kitchen and infirmary. The masters of five or more large workhouses in and near London were ready to co-operate, but the poor-law board saw difficulties, as they well might, in the character of the workhouse women and in the uncertainty of their stay, which, in their view, made the plan im-

practicable. Extensive correspondence was carried on with the guardians of unions, and, though nothing definite then came of it, Dr. Ogle claims that it did service in bringing the subject of trained nursing before influential persons, and helped prepare the general mind for steps afterwards taken.

The English Church, it is true, had recognized its field of duty, and the well-known St. John's Sisterhood and House had been established in 1848. But it was so difficult to interest public opinion that it was eight years later, namely, 1856, before its pupils were admitted to the wards of King's College Hospital. At present St. John's manages two hospitals, has twenty-five sisters and one hundred and twelve nurses and pupils, and has done a great deal toward raising the standard of nursing. St. John's House furnished some of the first women who accompanied Miss Nightingale to the East in 1854.

A large proportion of the workhouse sick of England are chronic and incurable cases. The Registrar-General's returns show that three diseases, dropsy, cancer and consumption, have carried off in England more than eighty thousand persons every year. The deaths from constitutional diseases in England in 1873, as shown by the abstracts for that year, published in the last report of the Registrar-General received, namely, that for 1875, numbered

eighty-five thousand seven hundred and twenty-six. These were chiefly from cancer and consumption, dropsy, by better diagnosis, being now generally referred to the more correct organic sources of disease. It is estimated that between thirty and forty thousand incurables are annually compelled to seek the shelter of some workhouse wherein to spend the last few feeble months of their lives ; many of them not paupers, but persons whose former industry and present anguish would give them the highest claim to compassion ; many of them, no doubt, in the earlier stages of their disease, victims simply of defective sanitary arrangements in their towns or tenements, and of the want of preventive care and nursing.

It was for these poor people that the interest of Miss Louisa Twining and her friends was enlisted as early as 1853. The Workhouse Visiting Society was established in 1857, to promote " the moral and spiritual benefit of workhouse inmates," but the unavoidable result was to open the doors of workhouses to a wider degree of visitation and interest than they had ever received. The organization, being under the auspices of the National Association for the Promotion of Social Science, encountered less official prejudice than might have been expected, and did much to call attention to and secure the



reform of abuses, especially that of pauper nursing. We find on its committee the names of Right Hon. W. Cowper, M. P., its President ; Miss Twining, Secretary ; Dr. Ackland ; Charles Buxton, M. P. ; Dean Howson ; Baroness Burdett Coutts ; the Countess of Gainsborough ; Lord Houghton ; Sir Roundell Palmer ; Dr. Sieveking ; Mrs. Wm. E. Gladstone ; Lady Shaftesbury, and others.

The suggestions made by this society were :  
 1. That in every workhouse persons suffering from acute and distressing diseases should be placed in wards especially allotted to them, to be called the wards for male and female incurables, and that they should have the benefit of trained nursing. 2. That in these particular wards private charity be permitted to introduce whatever may tend to alleviate the sufferings of the inmates, extras from friends of patients being forbidden.

On this plan, wherever guardians consented, charity penetrated where it had never ventured in England before ; grants of money to unions were made for the purchase of easy chairs, window-blinds, screens, comfortable clothing, and the like. Ladies of the highest class visited the workhouses systematically, and great good has been done. It is substantially the same work in which the State Charities' Aid Association and its local visiting committees

have engaged since 1872, although the scheme of our own work shaped itself in the mind of our President some years before the war of the Rebellion. In England it has been carried on with English vigor and thoroughness against tough old English abuses, and it had, from the outset, a more pronounced religious element. Pamphlets and the journal of the society contain much to interest and encourage us.

It was the horrors of war, at last, which produced "the peaceable fruits of righteousness," which called forth the capabilities of English women, and showed English men that their sisters and daughters could be skillful and heroic, and yet none the less ladies. One of England's chief victories in the Crimea was wrought by a woman, but men have since eagerly followed where Florence Nightingale then led.

The history of the Nightingale Fund and of St. Thomas's Nursing-School—opened in June, 1860—and of the Training-School and Home for Nurses, in connection with the Liverpool Royal Infirmary, opened in 1861, are familiar to you.\* To these two establishments all thoughts turn when wisdom and inspiration are wanted for hospital nursing reform.

The Liverpool system includes three branches,

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\* See Dr. W. Gill Wylie's Report, Document No. 1, State Charities' Aid Association.

the training-school, which nurses the hospital ; district nursing of the poor, and the provision of nurses for private families. It has been in operation now fourteen years, and is the most complete organization of the kind in existence. It covers the whole town, and works in connection with the Board of Health, whose medical officer, Dr. Trench, in his report for 1874, gives three thousand three hundred and seventy-one as the number of cases attended during the year by the women, and some of them cases of extreme gravity.\*

The health officers are notified of every case of sickness, and a woman, if needed, is summoned. The preventive effects of prompt care and good nursing are easily calculable, and must be of the greatest importance to the general sanitary welfare of any town.

May, 1865, was a marked month in the history of workhouse nursing. In May, 1865, owing to the efforts of Mr. William Rathbone, the unpaid pauper nurses, who attended to the sick in the male hospital of the Liverpool Workhouse, were replaced by a staff of trained and paid nurses, under the able direction of the late Agnes Elizabeth Jones. The great

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\* National Association for Providing Trained Nurses for the Sick Poor. Report of Sub-committee of Inquiry. London, 1875.

success, as Dr. Barnes, Surgeon to the Workhouse, calls it, which followed this first experiment in workhouse nursing, soon led to the other departments of the hospital being placed under the same conditions ; and now, for some years, the male and female medical, the male and female surgical, the male and female infirm, the children, the lying-in, and the female "lock " divisions, have been carefully tended by an efficient staff of trained nurses and probationers, under the supervision of a lady superintendent.

The Guardians of Chorlton Union made a move in the direction of better nursing about the same time that the Liverpool authorities did. They sent for two sisters of All Saints, and put the nursing of their immense new infirmary near Manchester into their hands.

A circular of the Poor-Law Board, dated May, 1865, called on all metropolitan guardians to introduce trained nurses into London workhouses. This step was, no doubt, prompted by the death, early in that year, of two workhouse inmates under circumstances which attracted public notice. Investigations into the state of the sick-wards in all the London workhouses were undertaken by the " Lancet Sanitary Commission," and were reported week by week, in that journal, during 1865 and 1866. The accounts disclosed serious abuses in management. The Poor-

Law Board were driven to make official examinations, and they held interviews with large and influential deputations of citizens introduced by the Earl of Devon.\* These deputations represented an association recently formed (and in which the Women's Workhouse Visiting Society was merged), for the improvement of workhouse infirmaries. Forty members of the House of Commons were present at the first interview, and eminent persons of all parties united in urging improved accommodation and treatment for the sick poor. At a preliminary public meeting the resolutions in favor of reform were moved by the Archbishop of York, and seconded by Thomas Hughes, M. P.

An editorial in the "Lancet," speaking of the association, says: "London workhouses are *the* great hospitals of London; and the one principle on which this association has been founded is this: to declare that the sick paupers have the same right to properly organized nursing, dietaries, wards, and medical attendance as the chance inhabitants of voluntary hospitals, and to claim that those principles in which all men of all countries are agreed in treating the sick should be applied to the paupers in these our state infirmaries, as well as in the volun-

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\* Nineteenth Annual Report, Poor-Law Board. Gathorne Hardy, President.



tary hospitals. Thus all people agree that for the sick, when congregated, buildings of suitable construction are necessary ; nurses properly trained and of sufficient number ; resident medical officers ; a pharmacy within the building ; visiting officers who are not bribed by the terms of their engagement—however generously and magnanimously they may reject the promptings of interest—to stint necessary medicines in quantity, quality, or variety, and whose work is not disproportionate to the time at their command.”

A document sent in to the Poor-Law Board, signed by Sir James Clark, James Paget, Dr. Wm. Jenner, Dr. George Burrows, and others, lays down concisely these principles : 1. The buildings for sick poor should be specially devised, of suitable construction, and in healthy sites. The Report of Captain Douglas Galton, Royal Commission on Improving Hospitals and Barracks, may be consulted. 2. Not less than one thousand (and for particular classes of cases twelve hundred to fifteen hundred) cubic feet of air should be allowed to each patient. 3. The nursing should be conducted entirely by a paid staff, and there should be *not less* than one day nurse, one night nurse, and one assistant nurse for each fifty patients.\*

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\* “London Lancet,” April 7, 1866.

Miss Nightingale's testimony and reports on the subject of cubic space in workhouses are well known. Able special committees were appointed by the Poor-Law Board, and reports were prepared on the condition of the pauper sick, on diet, etc., by Dr. Edward Smith, Dr. Markham, Mr. Farnall and others, and the work of official inspection into the condition of sick-wards, and the character of workhouse nursing was extended to cover the country districts of England. The writer has already summarized, page 69, a number of these reports.

Mr. Farnall says : " In my opinion pauper nursing should be wholly abolished, and a sufficient staff of properly trained and paid nurses should be appointed for every workhouse infirmary. I have come to this conclusion because, as a rule now, nurses are feeble old women, who know nothing about nursing, who cannot read the printed labels on medicine bottles, and whose love of drink often leads them to beg or rob the stimulants which they should give the sick, and because their treatment of the sick is not characterized either by judgment or gentleness. Additional nurses are everywhere needed ; there are now one hundred and thirty hired ones for the London infirmaries, but these are only half enough. A system of general superintendence of the nursing must be devised and carefully watched, with a view

to improvement. A money allowance for pauper helpers should be made instead of beer and gin, and a badge of honor and whatever else can excite emulation and promote self-respect should be introduced. Ability to read should be an essential requirement in a nurse." Dr. Edward Smith, medical officer of the Poor-Law Board, visited, specially, forty-eight workhouses in various parts of England and Wales. In his "Report on Existing Arrangements for the Treatment of Sick Poor in Provincial Workhouses," he says: "Upon the whole, I am of opinion that in every workhouse there should be a responsible and, as far as possible, a trained nurse to take the direct charge of the sick, and that where there are sufficiently good pauper nurses they should be promoted to the position of paid officers.

"In large workhouses, where more than one nurse is employed, it is sometimes the practice to appoint a male nurse for the male patients. I think this should never be allowed. Male nurses are never employed in hospitals, and I know of no quality as nurses in which they excel women. In gentleness, patience, cleanliness, tidiness, and general devotion to their duties they are far inferior to women, and wherever there is a male nurse, the wards on his side will bear no comparison with those on the female side. At the Liverpool Infirmary the opinion

of the medical officers and the master was that much more dependence could be placed upon the women nurses in carrying out the instructions of the medical officer." Dr. Smith's report, with all the others, was sent up to the House of Commons as *pièces justificatives* when fresh legislation was demanded. They were all printed in the *Parliamentary Papers* of 1866-68, Vols. XL. and XLI.

The agitation of the subject of pauper nursing and other workhouse evils, in the highest social and official circles, secured the passage through Parliament, in 1867, of a bill to carry some of the needed reforms into effect. In its annual reports since then, the Local Government Board, which is its present title, has taken pains, each year, to state the progress making under the provisions of the act toward furnishing separate accommodation and trained nursing for the in-door sick poor of London.

The Board points out the fact, by way of explanation for evils, that workhouse sick-wards were originally provided for cases of paupers attacked by illness, and not as State hospitals for the reception of sick poor. Two-thirds of these latter in England, the Board claims, receive medical attendance in their own homes. It is also a very general practice with guardians of unions to subscribe to some medical institution in their neighborhood, so that serious

cases of accident or illness from the provincial workhouses may have the benefit of the best medical skill and appliances.

There are two hundred workhouses in England and Wales ; forty of them in London, in the thirty parishes and unions into which London is divided. There were seventy-two thousand four hundred and forty adults in the sick-wards of English workhouses, besides thirty-one thousand four hundred and seventy-nine sick children on the 1st July, 1873, the date of the last report that has come to hand.

Of the thirty London unions or parishes, representing, 1st July, 1873, twenty-one thousand four hundred and sixty-four adult infirm, sick, and insane persons, and seven thousand nine hundred and seventy-four sick children, nine unions still retain their sick in the miserable wards of mixed workhouses ; four amalgamated unions, which among them have thirteen workhouses, give the sick separate accommodation, but still under workhouse management ; fifteen unions have opened separate infirmaries, and two are building them. Two of the most important London infirmaries are now authorized to receive single women, or widows, between twenty-five and thirty-five years of age, as probationary nurses, to be under the control of the medical officer and matron, after their year's training as assistant nurses.



The Board admits that the plan works satisfactorily, and we may hope that here is the entering wedge which shall break up the old abuse of pauper service, and, following in the line of Liverpool Workhouse Infirmary, give the pauper hospitals of England generally a better nursing system.\*

Nursing institutions have sprung up in all large English cities, to the number of twenty-two in London alone. Dublin has two training-schools for nurses, both founded in 1866. Even New South Wales has its school, Miss Nightingale having sent out, in December, 1867, at the cost of the colonial government, and by its request, a corps of five trained nurses and a lady superintendent, as the nucleus of a school to take charge of Sydney Infirmary with its two hundred beds. A wing was added for the nurses' home, which is a very complete and costly building, putting St. Thomas's to the blush.

Previous to the publication of Miss Nightingale's most valuable *Notes on Nursing*, no attempt of any importance had been made toward imparting instruction, in that shape, to women occupying the responsible position of nurses, with one exception, Dr. Connolly's *Teachings for Attendants on Lunatic Patients*, teachings said to be pervaded by the

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\* See Third Annual Report of Local Government Board, 1874. James Stansfeld, President.

best principles of humanity and a clear insight into the character of the wants of the insane.

Through the exertions of Doctor Maudsley and Doctor Crichton Browne, a plan has lately been set on foot in England to substitute female for male nurses in many of the lunatic wards throughout the country. It has been ascertained that the mortality of male lunatics in asylums is nearly one-third greater than that of female lunatics, and that the deaths are most numerous wherever the nursing is the poorest. The presence of women nurses in male wards is found to be much more effective in restraining outbursts of violence, abusive language, and offensive habits, than the presence of male nurses.

As evidence of the increase of interest in the subject of nursing, the "British and Foreign Medico-Chirurgical Review," in its current number, devotes an article to notices of various recent handbooks of instruction; while everywhere enlightened physicians urge that every large hospital and infirmary, and every dispensary, should take part in the business of training nurses.

"A properly constructed hospital having been provided," writes Dr. John Robertson, "we are only, in a sense, at the beginning of our work. Without intelligent administration, in other words, without

skillful, vigilant nursing, the sanitary condition of the hospital will speedily deteriorate, and success in the medical treatment be in a measure frustrated."

Dr. Henry W. Ackland, in his preface to Miss Lees's *Handbook for Hospital Sisters*, claims that "Nursing is a department of the profession of medicine and surgery; it is THE MEDICAL WORK OF WOMEN, and a fit object for the employment of great practical ability, and for the exercise of high moral qualities. It furnishes an outlet for the tender power and skill of good women of almost every class, as superintendents of hospitals, or as ward sisters or nurses."

Guy's Hospital, London, on account of the facilities it is able to afford, is a favorite training-ground of nursing committees. It is the most homelike and cheerful of the very sombre, not to say dingy hospitals of London; and the President of the Bellevue Visiting Committee, who was recently there, says it had an attraction for her which no other hospital possessed. A niece of Wilberforce is now among the ward sisters at Guy's.

Three different societies have had women at work in this hospital. There are always two pupils from the Nursing Sisters' Institution, founded, as we have said, by Mrs. Fry, in 1840. The British Nursing Association sends several probationers, but has

latterly undertaken the nursing of the Royal Free Hospital, with special view to have the means of training its staff of sixty women, who are intended for district and private nursing. Mrs. Ranyard, also with a view to district nursing, has two or three women under probation at Guy's for two or three months. Her society, organized in 1868, is in close relations with the medical staff of the hospital, and very useful to it in the out-patients' department, being always ready to detail a nurse to any special dispensary case.

The authorities of St. Bartholomew's Hospital have become dissatisfied, lately, with their old system of nursing, and Sir Sydney Waterlow, the treasurer of the hospital, lately Lord Mayor of London, and whose name is so well known in connection with "Hospital Sunday," has earnestly taken the subject in hand. The features of the new system introduced are the establishment of a nurses' home near the hospital, and the appointment of probationary sisters and probationary nurses, and of unattached probationers, available for emergencies, acting as extra nurses, and subject to call. Arrangements are to be made for giving both sisters and nurses regular instruction in the technical knowledge of nursing, during a term of twelve months, the gratuity for pupils for the year being ten pounds, condi-

tional on good conduct. Special attention will be paid to the important matter of night nursing, by the appointment of one or more superintendents of night nursing, whose business it is specially to visit the wards during the night, and see that the nurses are awake and doing their duty. It is estimated that the cost of nursing the hospital of six hundred beds, on this plan, will be one thousand pounds a year; but such an outlay for such a purpose is worthy of the hospital, and of the excellent man who is its treasurer.

Westminster Hospital is occupied by the National Association for Providing Trained Nurses for the Sick Poor; and the London Hospital, Middlesex, St. George's, Victoria, Ormund Street Hospital for Sick Children, and others, all open their wards to societies for training nurses, and in return receive the great benefit of an improved hospital service.

#### *UNITED STATES.*

During the years 1795–1798, the Duke de la Rochefoucauld-Liancourt, one of the best informed of the French nobility—statesman and philanthropist—made a journey through America. He was the pupil and friend of Arthur Young. On his estates he had established factories for the unemployed, and the first experiments in vaccination in



France were made in his chateau. He was closely attached to Louis XVI., and, proscribed and stripped for the time of his property, he fled to England and afterwards came to America. On his return to France, he found that though he himself had been *suspect* during the revolution, his countrymen had respected his creations; he resumed charge of his estates, published his American travels in eight octavo volumes, a book about the *Prisons of Pennsylvania*, a *History of the Working Classes in England*, and other works. He founded l'École des Arts et des Métiers, and became a member of the Council General of Charities, and of other important public boards.

It is pleasant to remember that the Frenchman's travels in America were at once translated and published in England, 1799, as containing matter of interest for English readers, the translator saying: "Although no longer a dependency of the British empire, the thirteen provinces of the American Commonwealth are not regarded by Britons as a land of strangers. The mutual animosities of the war of the American Revolution are already extinguished."

The Duke de la Rochefoucauld was an intelligent observer. We have already quoted from some of his reports about the nursing service in Paris. He

speaks of visiting in New York the one "public hospital which had been burnt in 1775, during the war, almost as soon as it was erected, and rebuilt in 1791, partly by voluntary subscriptions, partly by appropriation from the State. It accommodated one hundred and fifty patients, the average number seldom exceeding sixty. Those who can afford it pay two dollars and fifty cents a week."

"The poorhouse was built last year, and cost one hundred and thirty thousand dollars. It is kept remarkably neat, and the poor are well treated. A great number are infirm, decayed, and children, so that the only labor that can be expected from them is the kitchen-work, washing, sewing, and working in the garden which surrounds the building. The annual expense of each pauper is calculated at one hundred and fifty dollars. If a poorhouse be anywhere proper, it is undoubtedly in a great city; but, in my opinion, it is seldom a good institution either in a political or charitable point of view. There are eight hundred paupers in the poorhouse, besides six hundred more who receive out-door alms in winter."

At the present writing, the infirm, sick, and lunatic poorhouse population of New York numbers six thousand seven hundred and thirty-one, besides over six hundred workhouse people detailed as "helpers;" while the number of families who have

received out-door alms this year, in the shape of city coal, is officially stated as six thousand six hundred. The number of families who received out-door alms in both money and coal, during the year ending 1st of January, 1876, was seventeen thousand one hundred and seventy-four, comprising sixty-two thousand three hundred and ninety-five persons. The number of persons who received in-door relief, during the same period, was thirty-one thousand seven hundred and seven. This makes the entire number of individuals who came under the charge of the officers of public charity in this city in 1875 over ninety-four thousand. The pauper-hospital inmates alone, including insane, on a given day, numbered five thousand four hundred and eleven. We do not include in these figures the teeming population of the workhouse, the penitentiary, and city prisons, or of the emigrant asylums.\*

Says Rochefoucauld, in continuation :

“According to the acknowledgments of the inspectors of the poor at New York, the poorhouse of New York *produces paupers*.”

What the nursing was in American hospitals, early in the century, there is little to show. It would be safe to assert that even the word nursing is not to be found in the table of contents of any old volume or

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\* “City Record.” Official Journal, 1875, 1876.

journal of medical science. The inaction of the medical profession and the unwise economy of hospital directors, resulted in the same condition of things as in England. Scrubbing the halls, wards and staircases used to be part of the duty of the nurses in the New York and other hospitals ; and very naturally the complex and menial character of the work, and the physical fatigue that followed, involved constant neglect of medical instructions.

Methodical attendance on the sick, under the influence of Christian or humane sentiments, was nowhere attempted in America except by sisters of charity. Little was done outside of the Catholic Church until the formation of the Nurse Society in Philadelphia, in the year 1839, by Friends, the same class of quiet philanthropists who were moving in London at this same time, under Mrs. Fry, in behalf of better nursing. Dr. Joseph Warrington was the physician in charge of the obstetric department of the Philadelphia Dispensary, and became painfully conscious of the need of both well-trained doctors and nurses. The Nurse Society organized by him was amalgamated with the Lying-in Charity of Philadelphia in 1844, and for a third of the century now has been giving nurses special training in a quiet, effective, very practical way. Ten thousand poor women have been attended and supplied by

this society with doctors, nurses, comforts and nourishment. It has hitherto been exclusively an outdoor charity, but lately has enlarged its work by building wards that will accommodate thirty patients, some of them obstetric cases, others, surgical cases sent in from the dispensary clinic—a mistaken classification, but one that will enable the society to give women the advantage of in-door training.\*

The sisterhood of the Holy Communion, New York, was organized in 1845, and, therefore, antedates St. John's, the first of the Anglican communities. The sisterhood established an infirmary in 1854, the germ of St. Luke's Hospital, which was opened in 1858, and which the sisters have now worked for eighteen years. St. Luke's is the most complete example among us of a hospital conducted in an elevated spirit, and combining the essential features of a great religious charity. The unity and success of its plan are due, in great measure, to its being the symmetrical growth of one organizing brain and lofty Christian soul, and to the almost unlimited confidence and furtherance accorded to this plan in its practical outworking by the board of managers; but none the less to the labors of the devoted band of women who have had the direction of all its interior economy.

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\* "Penn Monthly." December, 1874.

But the venerable figure of the pastor and superintendent of St. Luke's stands alone in this worthy office. Why are there none who follow? The writer once heard the exclamation, "A million of inhabitants and only one Dr. Muhlenberg!"

The charitable establishments of the Lutheran Church in this country, which date from 1859, offer an opportunity for studying the German deaconess system nearer home and under American conditions.

The need for hospitals and orphan houses, especially among the tens of thousands of emigrants from the old world, gave character to the labors in which Rev. W. A. Passavant, of Pittsburg, Pennsylvania, has been engaged for twenty-six years. The early purchase of land in or near growing cities, while it was still possible to secure it cheaply, was part of his wise policy. At Pittsburg there are two hospitals—one for men and women, one for children. Milwaukee and Chicago each have a hospital; one was opened last summer in Jacksonville, Illinois, and land is held in Chicago for an emergency hospital, not yet built. Ample grounds have been secured for all coming time for these and for the establishment of other institutions of charity, as a field for the development of women's work, by women.

The hospitals and homes have been always filled



with charity patients and charity children, and the testimony is that the success of the work is greatly due to the unselfish, laborious service of the trained sisters ; though experience has shown the necessity of considerable modifications of the European idea of deaconesses.

Some of the older and more advanced orphans are now employed in nearly all the institutions. An Orphan's Farm School, near Mount Vernon, is so far the only building belonging to the Deaconess Institution, incorporated some years ago, for New York. But Rev. Dr. Krotel, one of its managers, and also an advisory member of the State Charities Aid Association, says, it is their earnest desire to train deaconesses for hospital nursing as soon as they can find proper persons, and their means and limits permit.

Hospital work has been conducted by women on a larger scale in America than in any other country. More than two thousand women are said to have been actually engaged in nursing and in superintending and organizing hospitals during the war of the Rebellion, some of whom received a brief special training, as the one hundred women who were instructed and dispatched to Washington by Dr. Elizabeth Blackwell and a committee of New York ladies acting with her. Others prepared themselves by

serving for short terms in the New York Hospital, in St. Luke's, and in other hospitals of the country. Some of these women, under the stress of the time, developed organizing and administrative talent of a very high order.

Army nursing is emergency nursing, and is a separate topic; any full account of it would be out of place in a rapid sketch of civil hospital service. But we could not pass in silence what Miss Nightingale, in a private letter to a member of the writer's family, speaks of as "the records of a war without its parallel in history for heroic patriotism, and of organized efforts of Christian philanthropy to relieve the sufferings of the heroes also without their parallel in history."

The charter of the Women's Hospital, in Philadelphia, made special provision for a training-school for nurses, which was accordingly established when the hospital opened in 1861. The first pupil entered in 1863, and others followed, until now the total number graduated is about fifty. The quality of the instruction given at this school is excellent.

The Bishop Potter Memorial House was opened in 1867, in connection with the Episcopal Hospital of Philadelphia, on the same principles as the Protestant training-houses and sisterhoods in Germany, France, and England. So far, it is said to have

assumed more of the character of a sisterhood for the visitation of the sick, than a school for the practical training of women in the ordinary duties of nurses.

Dr. S. D. Gross, of Philadelphia, President of the American Medical Association, at its annual meeting in 1868, in his opening address, says: "I am not aware that the education of nurses has received any attention from this body—a circumstance the more surprising when we consider the great importance of the subject. It seems to me to be just as necessary to have well-trained, instructed nurses, as to have intelligent and skillful physicians. I have long been of the opinion that there ought to be, in all the principal towns and cities of the Union, institutions for the education of persons whose duty it is to take care of the sick."

The committee on recommendations and suggestions, contained in the president's address, offered the following resolution: "That all hospitals and public institutions for the care and treatment of the sick should have educated, well-trained nurses only, and that this association would strongly recommend the establishment, in all our large cities, of nurse-training institutions," which resolution was referred by the association to a special committee, Dr. S. D. Gross, Dr. Elisha Harris, and Dr. C. A. Lee, to report at

the next meeting. In the transactions will be found Dr. Gross's report, read in full at New Orleans, in 1869

"In public institutions in the United States," he says, "ignorance among nurses prevails, superadded, not infrequently, to the basest moral delinquencies, as intemperance, indifference to duty, and positive disregard of the orders of the medical attendant. Male nurses are everywhere notoriously bad and incompetent. Few, even in our large towns and cities, are qualified for their business. Drunkenness and male nursing are almost synonymous terms in the experience of the American physician."

Dr. Gross speaks of the long-established fact that, as a rule, women nurses are incomparably better adapted to the work than men, and goes on to say : "Another fact determined by the experience of the last ten years, is, that there is not only a marked diminution of mortality in those hospitals in which the nursing is performed by trained women, but a decided diminution in their expenditure, and a great improvement in the moral condition of the inmates. The wards are kept in a more cleanly and orderly manner, the ventilation is much more carefully attended to, the medicines, food and drink are administered with greater regularity, and a moral atmosphere prevails, the sanative and purifying

influence of which it would be difficult fully to estimate."

The report gives the qualifications of a pupil nurse, and the branches she should be taught, and closes with the following recommendations: "1. That district schools be formed, and placed under the guardianship of the county medical societies in every State and Territory of the Union, the members of which should make it their business to impart, at such time and place as may be most convenient, instruction in the art and science of nursing, including elements of hygiene, and every other species of information necessary to qualify the student for the important, onerous, and responsible duties of the sick-room. 2. That nurses' homes be established, to be placed under the immediate supervision of deaconesses or lady superintendents. 3. That a copy of this report, authenticated by the signature of the president and secretary of the association, be sent to the State medical societies of the different States of the Union, inviting their co-operation in the establishment of schools for the training of nurses for hospitals and private families, in accordance with the principles therein advocated."

At this point the matter seems to have rested. We do not learn that any State or county medical society has, so far, taken any practical step.

Three training-schools for women nurses were opened in three American cities during 1873—at Bellevue Hospital, New York ; the Connecticut State Hospital, New Haven ; and the Massachusetts General Hospital, Boston. These schools are, substantially, the work of women's committees ; they originated with women, not with governing or medical boards, and are supported in good part by appeals to public liberality.

It would occupy us too long to describe the work and organization of these schools, or to rehearse all the various societies and sisterhoods engaged in hospital work in America. Enough has been said to indicate the historic drift.

District nursing can hardly be said to have been attempted among us. Nurses, as fast as trained by the schools, are taken up by the pressing necessities of hospital service ; or, being freed from the schools, have sought remunerative work in private families. A wide field opens for the personal service of women in the homes of the poor, under an organized plan which might link together dispensaries, diet-kitchens, and nursing, and thus make more effective the good now done by detached organizations.

Some such machinery, under wise, sanitary direction, and controlled by good judgment—for medical charity may be overdone, and do harm as well as any



other form of relief—would soon lower the death rate perceptibly in New York. It would, moreover, arrest and turn back to healthy and honest bread-winning many a poor family which sickness would plunge into pauperism.

Five systems of hospital nursing, prevailing in different countries, have now been briefly sketched, and may be enumerated as follows :

1. The nurses belong to a religious order, and the hospital itself has lay government ; as in France and elsewhere.

2. The nurses and the hospital are both under the same religious control ; as in all purely church institutions, Roman Catholic and Lutheran ; the framework of the organization being the same, but with differences in detail ; as in Italy and Germany, for instance.

3. The nurses are directly under the discipline of the medical staff, or of the male superintendent ; as in the majority of institutions in Germany, Austria, etc.

4. A matron or housekeeper is employed as the nominal head of the nursing corps, subject to the professional or secular authorities of the hospital ; as in England and America.

5. The nursing is taken in hand by a training-school, the system requiring special fitness for her work in a nurse, and providing a way for her to acquire it ; the direction being generally assumed by an organization outside of, and supplementary to, the authorities of the hospital, whether lay or medical.

Wherever we have followed the historic line, and have found progress in hospital reform, we have

found concurrent with it an effort to devise the best means of attracting and of retaining, in the nursing service, women of good character, and with acquired fitness for their work.

For, in spite of sentimental notions, women are no more born nurses than men are born chemists and engineers. Nursing is serious business; it signifies the proper use of fresh air, light, warmth, cleanliness, quiet, the proper selection and administration of food, close observation and report of symptoms, and the most scrupulous fulfillment of medical orders, and all with the greatest economy of the patient's strength. To these, in the case of a hospital nurse, must be added other special duties and qualifications. The theory that anybody will do for a nurse is as fatal to the comfort of the sick as the theory that anybody will do for a hospital superintendent. The thrusting of persons, without previous education for the duties, into such responsible positions is trifling with human life and suffering.

It has been well said, that in many cases the doctor can only give the word of command—it is the nurse who must fight the battle; and what a soldier would be without drill, a nurse is without training.

Your “admirable woman,” no matter what are her natural gifts and goodness, must possess an equal share of practical knowledge and experience.

To test the fitness of a woman for a nurse's work, it is necessary that every candidate should pass a certain period of probation under competent trainers and instructors. To keep up the interest and secure the service of the women after they are trained, it is equally necessary that their position as nurses should be made as comfortable as the character of their work permits, that they should be justly paid, that their duties should be properly defined, and, above all, that they should be encouraged to feel the responsible and honorable nature of their profession.

To select and prepare such a body of women nurses is the object of all nursing-schools, and the question we began with, namely: How shall we secure good hospital nursing? is answered.

What our metropolitan hospitals really need is not money—money can be had to any amount almost for the asking—but personal service of a high grade, hospital boards outside politics, superintendents who are something more than placeholders, trained nursing and attendance, under the constant supervision of skilled women of intelligence and refinement.

Mrs. Jameson's well-known letter to Earl Russell calls attention to a hospital for sick children in London, governed by twenty-six men, with one woman in a subordinate position. Close at hand in

New York—to take only a few examples of richly-endowed institutions—there is a general hospital, of one hundred and fifty beds, which is governed by twenty-six men ; another, with nearly two hundred sick and wounded of both sexes, and ten male governors ; and a third, where the constituted authorities are thirty-six men, or fifty-two, including the medical board—all three institutions under exclusive male control. Is it not the part of such an association as ours to take the initiative of improvement in this matter? Society is coming to see, slowly, it may be, but surely, that the sick poor, the helpless, the little children, belong not to men philanthropists exclusively, still less to the politicians and the professional classes, but to men and women working together ; and that physicians and women standing on either hand at the bedside of the poor, ought to find, and where the right spirit prevails, will find, in each other their strongest allies.

Dr. Robertson, speaking to the Manchester Statistical Society, said : “ I do not contemplate the formal election of females to municipal offices ; but I am persuaded that without the well-organized aid of benevolent and educated women municipal government will ever remain limited and imperfect. The wisest, the best-devised regulations, enforced by the police alone, among the poor of large towns will

not succeed. But I think that a body of educated ladies for each ward of a city (or for each of our large hospitals) acting in concert with the legal authorities, would be found of wonderful service in detecting radical evils, especially the sources of preventable poverty, or, what is much the same, the various temptations which beset the laborer's family, from bad laws and defective arrangements of different kinds."

#### *ORGANIZATION OF A TRAINING-SCHOOL.*

Let us suppose a local committee of men and women who have taken the initiative in the matter of a nursing-school, and a board of hospital governors who are ready to co-operate.

The first effort of the organizers should be to make the school, if possible, an integral part of the hospital; to secure recognition for it by the authorities, as having as definite rights and as permanent a foothold in the hospital as those of the governing body; in fact, as being the governing body, so far as the nursing service is concerned. The more homogeneous the total organization can be made, the more such a school can be identified with the hospital, the more smoothly and successfully will it work. Otherwise, with the constantly-changing committees of many of our hospital boards, and the constantly-changing character of the medical

authority—this unstable mode of government being characteristic of all our charitable institutions—a school may find itself thrown off its feet, and even struggling for existence against constant fresh relays of prejudice and inexperience.

The most thorough way to secure oneness of organization and purpose would be to add to the hospital board a certain number of ladies, and to make the school, or nursing committee, one of the regular sub-committees of the board, managing its own affairs, just as do the usual sub-committees on supplies and finance.

Hitherto the movement toward improving the nursing service of public hospitals, by the establishment of training-schools, has come from outside persons; as a rule, it has not originated with the governing bodies. As nursing is work which peculiarly requires feminine supervision, the majority of the members of school committees hitherto have been women. Our hints are based on the supposition of a committee outside the usual hospital authorities; but one in which the governors or managers would naturally be represented, or would hold a veto power.

If hospital governors object to such extraneous authority, the remedy is in their own hands. Why should they not invite the school committee to



become members of their board, for this purpose only, if they so prefer, and of course under their own control as are their other committees?

It has been suggested, as an additional means of promoting harmony, that there might be in the medical board an advisory committee on the training-school.

In the case of a large, public hospital, *i. e.*, a taxpayers' hospital, the outside committee has its advantages. If its members find themselves unreasonably obstructed, they have the remedy of the English ministry; they can "go to the country."

A great deal would depend upon the character of the hospital and its own form of government. Any plan of organization for the school is the best which will keep all discussions of questions of general policy and of the mutual relations that are involved above board and open, and that will leave neither opportunity nor necessity for attempts on the part of any one to carry points by indirect or personal influence.

Better the quintuple treaties which the Paris administration makes with the sisterhoods, than any effort to diplomatize one's way into a hospital and shuffle along there without a full, clear, written agreement on the points in advance, so far as they can be foreseen, between the committee of the school and the governing bodies of the hospital. For whatever

apparent kindness may attend the first steps in organization, boards and committees change, differences of opinion develop, new points come up, and new kings arise who "know not Joseph." But over and above all agreements there should be the sense of comradeship in good works.

The hospital, on its part, should provide for the lodging, board, and wages of a given number of women—as many as the hospital service legitimately requires—either by furnishing quarters within the hospital grounds, or by paying the school an equivalent in money. Any pupils under training beyond the needs of the hospital would be at the charge of the school, and funds for this purpose would probably have to be found outside.

But if the general public is expected to furnish a portion of the funds, it will have a right to look for an early return in the shape of trained nurses to supply the needs of family nursing. It will become a question for the committee how to balance the rival claims of the hospital and the public. To avoid disappointment in any quarter, the plan should carefully define in what service any surplus of trained women are to be employed; what is to be the first aim of the school in assigning trained women to duty. Three prominent aims suggest themselves:

1. To extend the school by degrees from ward to

ward throughout the hospital or group of hospitals to which the school may be attached, and keep the ranks of the hospital nursing service fully recruited.

2. To purvey nurses for private service or for other hospitals.

3. To furnish nurses for district work among outdoor poor in connection with dispensaries. All these are good and legitimate objects, but it is doubtful whether all can be pursued except by a very large, long-established school.

Having defined the relations of the school with the hospital and with the public, the next important point for the committee is one of internal organization, one that is vital to the success of the school: the choice of a superintendent, and the definition of her duties and authority.

Many of our charitable institutions have owed much hitherto to the intelligence and energy of women of foreign birth; but it is time that America began to train such a class of women for herself. American women will make the majority of the pupils in a nursing-school, if a high standard for the school is maintained. Therefore, provided a qualified woman can be found, let the superintendent be an American.

Where means and time permit, a woman of the

right stamp might wisely be sent to England for six months or a year, to learn the routine of the Nightingale School. She should be thirty years old or over, with good sense, and clear, well-balanced mind, with some sympathy, tact, and a shrewd perception of character, and something of the skill of a commander ; a Christian woman, of course, above all selfish aims, one who respects herself, and whose personal dignity wins the respect of others. She should have some practical knowledge of bedside nursing, and a familiarity with hospital routine. On such a foundation, any amount of education and refinement will not come amiss, and the more the better. If she is able to give her services unsalaried, it will be an advantage. But as perfect beings are not to be found, the committee will do well to keep the essential qualities in mind, and these are purity of character, technical intelligence, a just and equable temper, and the power of steady control.

Whether the superintendent need be a lady, in the social sense of the word, would depend on whether there is a good governing committee which includes ladies. It is assumed that there is, and in that case a superior, practical head-nurse will be all that is at first needed. But when the school grows, and the hospital is an important one, and is one in the management of which cultivated women have no repre-

sentation, then a qualified woman, who has social prestige, in charge of the school, would be very important.

It is essential that the *tone* of the school, that is, of the whole nursing service of the hospital, should be kept at as high a pitch as possible. There are moral dangers, for both nurses and patients, inevitably springing from the conditions of a public hospital, and no one can apprehend and avert them so effectively, and, at the same time, so unobtrusively as a quick-witted, delicate-minded woman.

Given a thoroughly competent superintendent, her fitness well tested by the committee, responsibility may safely, by degrees, be put into her hands. Let the committee hold the nursing head to account for the results of her work, rather than for her methods. A committee must know almost as much about nursing and the ward affairs as the superintendent does, in order to direct her in every detail, which is an obvious impossibility. The committee ought to be well chosen, composed, not of names, but of persons ; persons valid, not for social station alone, still less for money alone, but for intelligence and energy ; persons who study the subject, and keep the current of the business ; but they should guard against over-governing.

There are grave objections to any mode of governing institutions, as to internal details, from the out-

side, by changing committees. Where there is no real continuity of government, a new set of persons never takes up the business exactly where its predecessors left it, and the results often bear hardly on the governed. And, as Dean Howson says : " We all know what committees are ; how frivolous the excuses for neglect or absence, how great the lack of moral courage, how heavy the burden on the one member who has a conscience."

The spectacle is not infrequent of successive committees treating a superintendent very much as a vicious little boy treats a bird with a string, letting it out a bit, and then jerking it abruptly back.

As the object of a hospital is the nursing of the sick, the superintendent of the school becomes the most important female officer. She should, therefore, if possible, be the matron as well as the nursing-head for the whole hospital ; in which case she would require an assistant, to whom she could delegate certain classes of housekeeping duties. It is bad organization to have one sort of nursing authority, under the name of training-school, in half the hospital, and a different set of nurses, under different authority, in the other half. This is not to say that the school proper need cover at first all the wards of an institution. The school might begin on a small scale with one or two wards, according as one, two,



or more head-nurses, who were also capable trainers, could be secured ; but to give pupils a full course of practice, it would need to include by degrees one or more wards in every division : medical, surgical, women's wards, men's wards, children's wards, and wards for diseases of women, assuming that it is a general hospital. This, of necessity, will spread a school throughout a hospital, and the superintendent and her authority must go with it.

The superintendent of nursing, so far as concerns the care of the patients and the condition of the wards, would take her instructions from, and to that extent would be under the control of, the chief executive officer and the visiting-staff. But she is the committee's appointee, and it is the committee's province to support and sustain her, as well as to keep her and her nurses with a steady hand up to the mark ; to assure themselves that both she and her nurses comply with the rules of the school, and with the rules and regulations of the hospital, not only in the letter but in the spirit.

Complaints against any nurse by medical men should be made by them directly to the superintendent ; she should hear both sides, and the power of retaining or dismissing a nurse should rest with her, subject to the approval of the committee. An open, straightforward dealing all round is essential

to the well-being of the school. No tattling, going behind backs, or reaching over heads, should be tolerated for a moment. It is not so much the tattling as the *listening* that does mischief.

Wherever the moderate size of the hospital renders it practicable, the superintendent should make the rounds of the ward with the head-nurse and the visiting-doctor, should know what general instructions are given, and keep track of individual cases, certainly of the gravest ones. In a large hospital and school the regular routine work would occupy so much time that the superintendent could not pursue this plan; but she will find it necessary to confer with the visiting-doctor often enough to ascertain, in a general way, his wishes. It is bad for discipline, will surely lead to misunderstandings, and will hinder the business, if she trusts to getting, or is left to get, her information from subordinates.

The choice of head-nurses will be a difficult point, from the present scarcity of qualified women, and from the lack of organization among them as members of a recognized calling. A school would probably have to move slowly, training its own head-nurses, the first aim being to officer its own wards properly. For something besides good character and manual skill are needed in a woman: discretion, method, and ability to control a ward, both patients

and nurses, and to impart to her assistants what she herself knows. Not every doctor makes a good professor, as medical students well understand, and not every nurse has the knack of teaching her trade to others.'

There should be strictness of discipline, gradation of authority, and a system of promotion in the school, head-nurses being held responsible for assistants. Nothing insures efficiency in business like a compact organization ; nothing is so fatal to success or to comfort as letting things go at loose ends. Too frequent changes among head-nurses are undesirable, in a disciplinary point of view. It would be an advantage to a school to be able to retain and pay adequately a certain number of skilled trainers for head-nurses of wards or of groups of wards.

At first, and probably always in a small school, the superintendent would herself teach the pupils in part. In the large Nightingale School, Mrs. Ward-roper manages the business ; she does not directly teach pupils. A young, active, qualified woman-instructor is employed, and may be seen in the class-room in the nurses' pavilion, with her class assembled round a long table with their text-books.

It is also part of the duty of members of the medical staff of St. Thomas's Hospital to instruct the

nurses—Dr. Bernays, for instance, chemist to the entire establishment, not apothecary, teaching them chemistry ; some of the older physicians giving them now and then an informal lecture or “ talk ” on some special point.

The duty of technically instructing the nurses, especially in surgical cases, would most naturally fall on the resident medical staff. But such young men have but one idea in getting a hospital position—“ to see cases ; ” and where they are conscientious in their professional duties, they are generally much too busy to spare time in the training-school. At best, their term of service in any one division is very short, and there would be a constant change of instructors. It might be well if the medical authorities of the hospital were to designate one or two suitable young men for assignment to duty on the house-staff, as instructors of nurses in all the technical and didactic points which can be taught away from the bedside, allowing such young men extra time, and recommending them for some small compensation. Where the managers of a hospital are enlightened men, they will soon see that any moderate amount spent to improve the character of the nursing service is money well spent.

Committees would do well to start with the idea that careful didactic and technical instruction must

be part of their plan, and that they will need a school outfit : class-room, blackboard, text-books, and manikins, the cost of which should be considered an essential, original outlay, and not left to any after chance.

The subjects on which a nurse ought to be instructed are mapped out in the prospectus of every one of our American training-schools ; but more system and thoroughness in the actual teaching are very much needed. It is one thing to have a programme, and another thing to carry it out.

Nurses need not only to know how to do a thing ; they need to know why it is to be done, and done in a certain way. Instruction by lectures is not enough ; a groundwork of thorough teaching and recitation should precede the lectures, and they should be followed up by regular examinations by competent medical men.

Schools should always include a few women held for emergencies ; some pupils will have been in attendance on infectious cases, and must be isolated for a time from the other nurses as well as from the patients ; for the isolation of a nurse during or after infectious cases, is quite as important as the isolation of the patient ; this gives leisure, in their case, for study. By judicious planning, all the women, in turn, may receive the instruction required.

Advanced pupils, not actually busy at the moment of the attending doctor's visit, might profitably make the rounds of the ward or the division with him, and with the superintendent, hearing his nursing orders, and profiting by this simple, incidental instruction, just as a clinic of students might. Of course, if the visiting gentleman is a professor, bringing his male students with him, this is out of the question.

The selection of suitable pupils who will repay the trouble and cost of training, will be one of the chief functions of the ladies of the committee. They should, by advertisements, inquiry, and correspondence seek out and stimulate the right sort of applicants as probationers. One stumbling-block in all our schools is the unwillingness of American women to give the full time, and to undergo the really hard work that thoroughness in any profession requires. Miss Nightingale says: "Three-fourths of the whole mischief in women's lives arises from their excepting themselves from the rules of training considered needful for men." The feeble constitution of many American women is another serious drawback.

It is unfair to the public which, either directly or indirectly, contributes the funds for the support of the school, it is time wasted, to retain women as pupils who do not show the required aptitude for



their work, or whose health proves infirm. Training is expensive, and it must be economized.

It has been found difficult to hold women, by any contract, to a full term of two years of service, one in the school, one out of it in remunerative private service. The New Haven School insists on a year's training in the hospital, and only three months of service in private nursing; the wages earned during the latter period being turned into the school treasury. Short of that time it will not give a certificate. Whatever the rule may be as to length of term of training and subsequent service, it should be strictly enforced.

Women who have already been nurses may seek to enter the school as pupils for short terms, for the sake of the reputation it may give them. The exigencies of hospital service are such that the school may sometimes be glad to take in these women, and there should be rules in advance to meet the case; a month's probation being strictly required, as with all pupils.

Rules of admission should, by all means, require pupils to wear some simple uniform dress, not as a sisterhood garb, but for neatness, discipline, and the convenience of medical men and visitors. If the superintendent is the right sort of woman, she will herself set an example of simplicity of manner and

portion as governing boards see that there are women who not only possess natural fitness for, but acquired knowledge of, the business. Rules should be so modified as to permit the training, for short terms, of women of a superior social grade, who are able to pay their way. This is not intended to encourage amateur nursing, but to enable the school to use to the utmost its opportunity.

Some of the schools on the continent make this provision for boarders, as Kaiserwerth, and Berlin; and the New Haven School offers to lodge, board, and train women at a charge of five dollars and fifty cents a week, and the price of the uniform dress.

Each one of the schools now rapidly multiplying in this country—and they ought to multiply, for it is a waste not to utilize the chances that every hospital furnishes—will have something to learn from the experience of others. A constant interchange of views should promote emulation until nursing shall have been rescued from the hands of ignorant, unfaithful drudges, and made, what it deserves to be, an educated and honorable profession.

(Persons about to organize training schools will find valuable plans in detail, and complete sets of blank forms, in a paper by Florence Nightingale, reprinted from *Blue Book*: "Report on Cubic Space in Metropolitan Workhouses, 1867," with additions.)

In concluding this brief sketch, the writer, while heartily acknowledging the good already accomplished, urges all women engaged in HOSPITALS AND TRAINING SCHOOLS to bear in mind that their greatest success will lie in keeping the standard of their work, as to the character and tone of the direction, and the quality of the instruction given, at its highest possible point.

Schools should be practically normal schools, whose graduates should feel that wherever they go, they must carry the spirit of the school with them, and that training can go on in every hospital ward where a competent head-nurse is found.

Doubtless there will be obstacles to encounter, but these should only nerve to steadier effort; for it is well to remember that any obstacle, either thoughtlessly or maliciously thrust in the way of women of culture who undertake offices of charity in public institutions, is a blow directed not so much against them as against the helpless and suffering classes of society of whom they are the natural guardians and consolers.

